

9705 Belair Rd., Balto. Md. 21236

FOR

REGISTRAR

- STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 29 DATE OF DEATH 2b HOUR 04 IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 26 KIND OF CONTRACTOR 410 DUNFIELD CT. 21085 HINZ SAME (DGHTR) ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ COUNTY , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MD . STATE BALTIMORE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE who Daydon Randalle

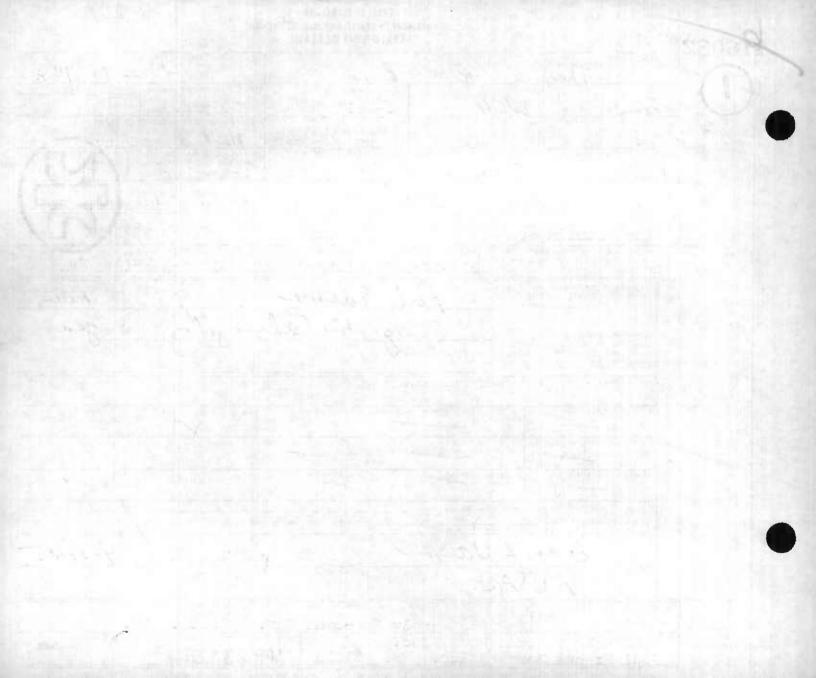
1 - STATE REGISTRAR

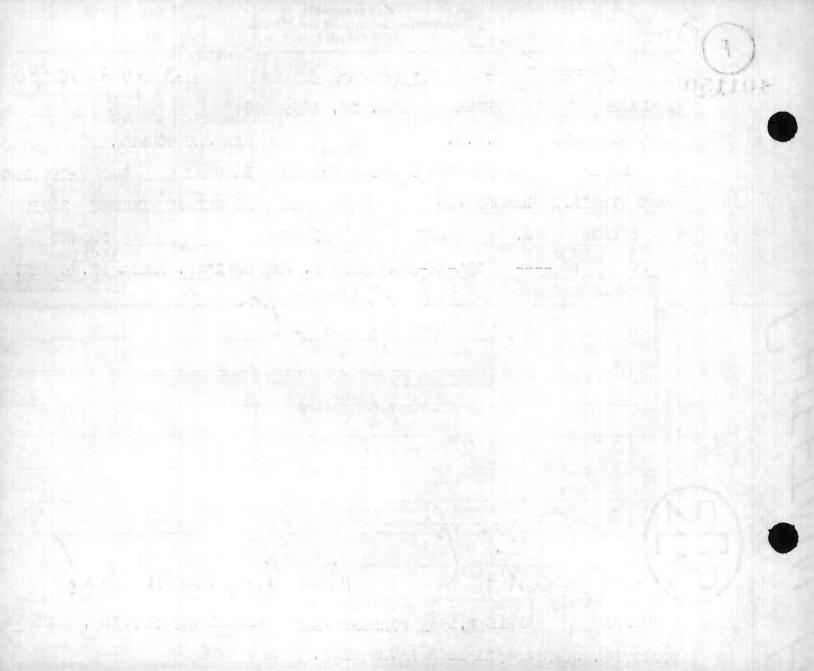
## STATE OF MARYLAND STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

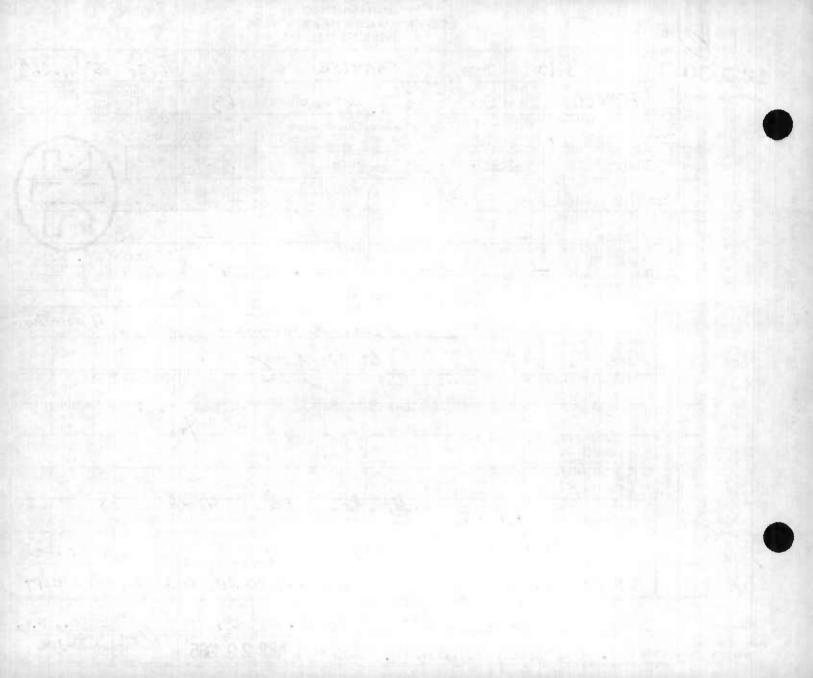
		REG. N	10.			
0	DATE OF	DEATH	MONTH	DAY	YEAR	2b. HC
			1		The same	0.5

196082	1.	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
TIOUSA		CEASED NAME FR	RST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR			
1 (1)		1	eresia	R.	Bor	14		4 22	87	1" AM			
	3. SE	-	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UP	HS DAYS	IF UNDER 24 HRS			
	1	Female	White		5-	7-1905	79 yrs	• YRS.					
2 1 2 2		HIMPLACE ISTATE OR FOREN	GN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CATY C	R COUNTY OF	DEATH				
		1d.	U	SA	WIDOW		Hartord	Cou		MD.			
1110	10.9	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		26 KIND OF	F BUSINESS OR			
100	1	allston	Fallst	on Gen	HOSP		Homemak	er	НС	ome			
1 11 7/	130	AL RESIDENCE (IF NURSING )	COUNTY	136. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE					
1 100	-		Harford	Bel A	ir	YES NO 🔀	516 Gree	nridge	Rd.	21014			
1 15 12	P	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		Kreusi	~ ~ ~ <del>\</del>				
1 /0/1	-		inger			Rosa		rreusi	nger	100			
1 76 4/		VAS DECEASED EVER IN L	J.S. ARMED FORCES?  YES, GIVE WAR OR DATES]	166 SOCIAL SECU		17 INFORMANT	ADDRI B	el Air	Md.	21014			
1 15 9		10		216-36-	3056	Richard Box	rig 516 G	reenri					
ope ope in the		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse per	line for ion the	dist.	01, ~			BETWEEN O	MATE INTERVAL INDET AND OLATIO			
4 2011			MEDIATE CAUSE (a)	Th	L.	cause	. ,		n	nus			
2891		STATE OF THE	DUE TO, O	R AS A CONSEQUE	NOT OF	L- Cal	M_	7 - 1	10				
de tipoto	100	Canditians, if any, who	nich (b)_	C	right	give cha	2112	1	5				
4 4 5 5 4		cause (a), stating underlying cause li	the DUE TO. O	R AS A CONSEQUE	ENCLOF		_	/	-				
and the state of t			( (c)										
Paris	z	PART 2. OTHER SIGNIFIC	CANT CONDITIONS <u>Co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110	2			
11117	ATION	190 DATE OF OPERATION	N 19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, W	ERE FINDIN	IGS USED			
2 3 8 8 5	1 2						YES TO NOT	IN CERTIFYIN	G CAUSES				
51 11137	1 1	21a ACCIDENT WAS UNDERLY				21c. HOW INJURY OCCURR		RY IN ITEM 18 PART 1		NO []			
34 445 7/	4	OR CONTRIBUTING CAUS	- Library CALLA	M. MONTH D									
X & 2 0 0 0 1/	WEDIC	(IF EITHER NOTIFY MEDICAL E	21e PLACE	M. OF INJURY	19	21f LOCATION			The same				
を を を を を を を を を を を を を を	×	AL WORK	(AT HOME, ST	REET PACTORY, OFFICE, F	ARM ETC )	SIRECT	CITY OR TO	WN	COUNTY	STATE			
20 4 8 0 mm		220.1 certify that (1) (this	s haspital) attended th	e deceased from_		. 19	ta	. 19_		that (I) (we) last			
Sale of the sale o		saw the deceased a	live on(did not) view the body	19	, ar	d that in (my) (aur) apınıan c	leath accurred an the d	ate and haur an					
A S WE DE		22b. SIGNATURE	2	1		DEGREE			22c DATES	SIGNED			
the Date of the Control of the Contr		0	anh	augu		ATTENDING )	MEDICAL STA	IAN 🗆	4-2	2-85			
AN STANTANT	1	224 PHYSICIAN'S NAME	LIND OR PRINT			22e ADDRESS							
H 5 5 6 6		V	100 SAKE	. •									
51 54134		BURIAL, CREMATION, REM	AOVAL 236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION						
BP		Burial	4-25-	85 Ho	ly R	edeemer Cem	. Balto	., Md.	YTHUC	STATE			
DHMH - 16 60M 7/84		schifffünek					REC'D. BY REGISTRAR	25h REGISTRAR	S SIGNAT	IRE .			
(VRA 15, 4)		3331 Brehm				21213 AP	R 23 1985	1 washer	Maldon-b	fandell			
(VRA 15, 4)		<u>3331 Brehm</u>	s Lane, E	Balto.,	Ma.	21213   AP	K Z J 1900	1		•			





4		FOR STATE REGISTRAR				ENT OF H	OF MARYLAND SEALTH AND MENTAL HYGICATE OF DEATH	REG. N		3 0	
30			da	FAYE		CAT	YTLER	20 DATE OF DEATH	4 26	VEAR 85	26 HOUR 4-261
-	3 SEX		4 RACE	RITE		5. DATE C		6 AGE (IN YEARS LAST BI	YRS	UNDER I YEAR	IF UNDER 24 HR
18/1/1	(	RTHPLACE (STATE OR FORE) OUNTRY) Th Carolina	GN 76 CITIZEI	USA		MARRIEI WIDOWE	DI NEVER MARRIED DI	9 BALTIMORE CITY OF			
	10 91	TY OR TOWN OF DEATH					pital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Cashier	OF WORKING LIFE)	126 KIND C INDUSTRY Groo	of Business o
25	Mai	ryland H	ome or other instit COUNTY arford	13c. CITY	DENCE BEFORE A Y OR TOWN		YES NO	13e.STREET ADDRESS 1871 Fagew		ive	21040
exomine	/	THER'S NAME FIRST Thomas	MIDDLE		kcome.		15. MOTHER'S MAIDEN NA/ FIRST Flossie	WE		Cox	
medico		VAS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF	J.S. ARMED FORC YES, GIVE WAR OR DA	TES)	cial secur <b>-12–56</b>		Thomas K. Car	ntler, 1871	Edgewo Edgewa	od,Md ter D	. 21040 rive
event, th		18 CAUSE OF DEATH IE PART I. DEATH WAS	nter only one cou CAUSED BY: MEDIATE CAUSE (	Cma	(o), (b), and	CA	(1) Lung Win	2 Bone, B	rain	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
r ather troumoti		Conditions, if ony, wh gave rise to immedi cause to), stating underlying couse I	rich (	ro, or as a c		EL	iver metash I-Bloeding	ahs -		4,	nonths
s ony injury. o	CERTIFICATION	PART 2. OTHER SIGNIFK					NOT RELATED TO THE TERM	NAL DISEASE OR CON	20b. IF YES, V	VERE FINDIN	
18 sp 0	-	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH HOL	IME OF INJURY JR A.M. MC		YEAR	21c. HOW INJURY OCCURR	YES NOD	YES	I OR PART 2)	NO []
ked or he	MEDICAL	(IF EITHER NOTIFY MEDICAL E  21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PI	LACE OF INJUI			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
n 21 is mos		22a <b>I certify</b> that (I) (the saw the deceased a above, (I) (we) (did)	live on	-25	19 8		d that in (my) (our) opinion of	, toU~Z death occurred on the d	6 , 19 ate and hour a		
M.T. If he		226 SIGNATURE	art	7			DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STA	FF CIAN []	4-2	SIGNED - 8-5
ATAPORTA	22 - 5	B.D. PARE	KH ML		122	WE OF C	1908 HARFO		LLSTON,	, MD.	21047
	(	URIAL, CREMATION, REA SPECIFY) Burial-		9 <b>–</b> 85			emetery or crematory Saptist Ch.Cem				
A 7/B4		ward K. McCo	mas III	, Abina	address	Md. 2	101	R 29 1985	"ia wau	Hdson-	fandell.



			OR STATE			S SEPARTMENT (		ARYLAND	TYGIENE	1 6	3	
12	6012		REGISTRAR		MEI		INER'S C	ERTIFICATE C		REG. NO.		
_ Fresi	0020		CEASED NAME	FIRST (Thom		WIDDLE (150/1847	5)	LAST Chambe	20. DAT		MONTH DA	Y YEAR 25. HOLL
	ET, RS.	(,,,,,	7	thoma	1 7	Pollins	(	leambe	PI DEA	TH MATED	4	0,81 5
15	ARY, PLEASE DIRECTOR. OUR FILES. 172 HOURS ON STREET,	Just	MALE	White	ATE OF BIRTH	YEAR LAST BU	RTHDAY) MONTE	DER 1 YR. IF UNDER	MIN. PRONC	ATE BUNCED AD	4 20	YEAR 2d. HOU
	NERAL	7 / BI	RTHPLACE (STATE OR REIGN COUNTRY)	7b.	CITIZEN OF WH	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MARR	IED L	FALL.	COUNTYON	FDEATH
	PAGE S	10. CI	Talls A	(40tell	NAME OF HOS	PITAL, NURSING HO	ONE OR OTH	ER INSTITUTION P	SERVICE	CUPATION (TYPE ( VORKING LIFE)		CHILD OF BUSINESS ON INDUSTRY
11201	ANN DE SAN DE SA	USUA 13a. S	L RESIDENCE (IF IN NI	13h COUNTY	ER INSTITUTION, GIV	13c. CITY OR TOW	WEST STEP	YES NO S	13e. STREET ADD	or ford Bond	RFOR	o Red
E. MD.	PW 3 PW 3	14. FA	THER'S NAME FIRST	Swie	DDLE	Chambers		15. MOTHER'S MAID	EN NAME	WIDDLE	JES	LAST
BALTIMORE	JRS AFTER DE S. GIVE PAGE WITH FORM I. PAGES 1 A DIVISION OF	16a. V	(AS DECEASED EVER	(IF YES, GIVE WAR		166. SOCIAL SECU 2/2-0		1) HOSAL	Lat 0	Lant.	ncs maryan	ret chambers recyled, Mc 21047
201 W. PRESTON ST.,	ED WITHIN 24 HOL PENCIL IN ITEM 18 AMINER ALONG L-TRANSIT PERMIT AENTAL HYGIENE, 1, OR REMOVAL.		Conditions, if gave rise to cause (a) statin lying couse last	VAS CAUSED BY: IMMEDIATE Coony, which immediate g the under-	(c)	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  BUT NOT RELATED TO THE	CE OF	OUD OR CONDITION GIVEN IN P.	ast o	01/2010	8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
AL RECO	OULD BE MED SED AS A SED AS A HEALTH	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH C	PERATION W	AS PERFORMED?			20	AUTOPSY?
DIVISION OF VITAL RECORDS.	CERTIFICATE SHOULD THE WORD DED TO THE CHIES SHOULD BE USED PROPERTIES OF PROPERTIES OF THE CHIES OF T	CAL CERTIF	21a. EXTERNAL CAL UNDERLYING CONTRIBUTING	OR		MONTH DAY	EAR	OW INJURY OCCURRI	ED (ENTER NATURE O	F INJURY IN ITEM 18 PA	ART 1 OR PART 2)	YES NO X
DIVISI	WARDED PAGE 3 SHOTTLE DEPAGE 3 SH	MEDICAL		WHILE D	21e PLACE C STREET, FACT	OF INJURY (AT HOM ORY, FARM, ETC.)		CATION TREET	CITY OF	TOWN	COUNTY	STATE
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, POEG 4 SHOULD BE PORN TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI; BAJAWORE, MARYLAND, 2		death resulted from	Notural co	777	Accident ,	Suicide M	Hamicide TITLE (SPECIFY)	Undetermined  MEDICAL EX	manner .	DATE SIGNED	4-19-85
	EXECUT PAGE 4 TO FUN AFTER D	73a. RI	EXAMINER'S NAME (TYPE OR PRINT)		PATE	EC 1231 NAME OF		ADDRESS 46 R CREMATORY	4 QIII Q	ue vr	Hav	re de
		(5	ucial		1 23,1989			d Grandizos .	BEL ALE		COUNTY	yband 21014
	DHMH - 17 (VR A15 ME (5))	24 FL	INERAL DIRECTOR	ANT FOSTER		roadway & C			REC'D. BY REGIST		TRAR'S SIGN	

08.2 THE RESERVE CORES TO SERVE SON morning beauty to the comment the second of promise the last second of promise of the second

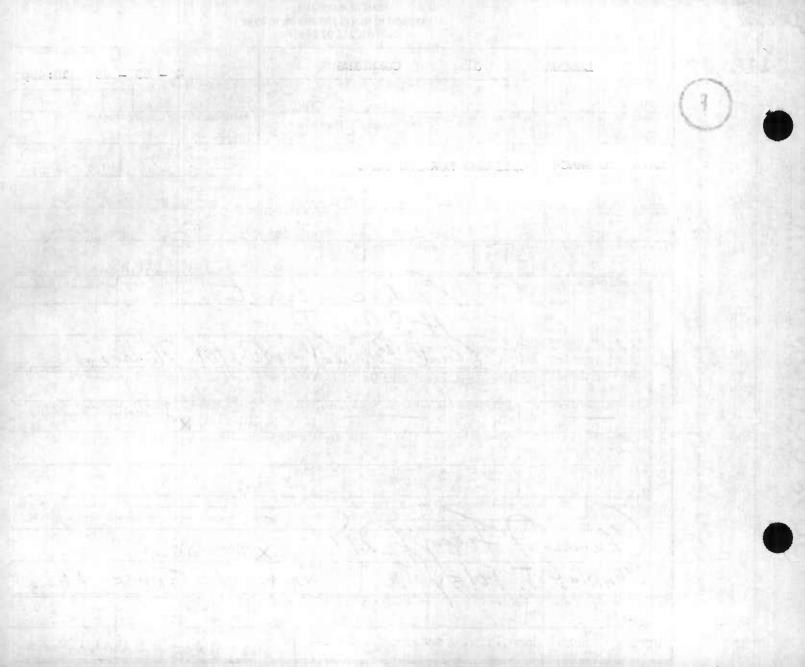
1	.09098		FOR STATE			EPARTMENT OF	HEALTH	ARYLAND AND MENTAL H ERTIFICATE O		1 6	3 2		
	.00000	_	REGISTRAR	siper /s		MIDDLE	VEK 3 C			REG. NO.			
			CEASED NAME E OR PRINT)	MARY	KLIE)	MIDDLE	016	ast CCPrke	OF	ESTI-	MONTH D	20.110	DUR
	ASE OR. URS URS EET,							/		H MATED [	4 11	1900	O N
5	OUR FILE	3. SE)	F ARA	W	7 /	Zo 56 Y	PAY) MONTH		PRONO DE	AD	411	1987 30	OUR M
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5 FOR YOUR STREET, W. PRESJON STREET,		RTHPLACE (STATE OF PREIGN COUNTRY)  UICNIA	14	USA	4	WIDOWE		ED 🗌 /	HARFO,		F DEATH	MD
1	PAGE	10 CI	-allster	1	Fall(+	a que	end	SOUPLE HOSP	FOR MOST OF W	CUPATION (TYPE OF VORKING LIFE)		OR INDUSTRY	
1201	Second Se		TATE MA	136 COUNTY	ER INSTITUTION, GIVI	130. CITY OR TOWN	ion)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD	RESS Kell	y au	21014	
RE. MD	DEATH.	14. F	Michael  Michael	WID	DIE	Brskup		15 MOTHER'S MAIDE		MIDDLE		PSO	
BALTIMORE	JRS AFTER DEATH JRS AFTER DEATH WITH FORM PA WITH FORM PA WITH FORM PA WITH FORM PA		WAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARMED F		166 SOCIAL SECURI		mr. PEter-		- Douth	(Elly A Morryla	MEDINE	
PECORDS, 201 W. PRESTON ST	EXECUTED W NG" IN PEN CAL EXAMIN BURIAL - TR AND MENT MATION, OR	z	Canditians, if gave rise to couse (a) statin lying couse las	immediate ag the under-	(b) DUE TO, OR A	AS A CONSEQUENCE	A.	OR CONDITION GIVEN IN PAI	A BIL	lale		between onset and dea	
VITALBEC	TE SHOULD BE WORD "PENDING BE USED AS A ENT OF HEALTH	CERTIFICATION	19a. DATE OF OPER	RATION	196 CONDITI	ON FOR WHICH OPE	RATION WA	AS PERFORMED?			2	YES NO [	_
NOISION OF V	5 0 7 0 2		210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEA		W INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT T OR PART 2)		=
Nision	A A A A A A A A A A A A A A A A A A A	MEDICAL	216. INJURY OCCU WHILE AT WORK AT	RRED T WHILE       WORK		FINJURY (ATHOME, DRY, FARM, ETC.)	21f LOC	ATION	CITY OR	TOWN	COUNTY	STA	TE.
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WPAGE 4 SHOULD BE FORWARD AFTER DEATH, WITH THE STATEMORE, MARYLAND, 21)			t I taak charge of t		ribed abave, held on Accident , S	Autopsy uicide .	Hamicide .	Undetermined		in my apinia	n 12 12 14	
	TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFTER DEATH BALTMORE, I	1	EXAMINER'S NAM	LUIS	ER	ENTEL	M.I	Defect  Doness 464	MEDICAL EX.	AMINER	DATE SIGNED_	Le 2107	<u></u>
	BP BP		URIAL, CREMATION	REMOVAL 236. DA	112 1482		DEMOTE	A Gardens	23d. LOCATION CITY OR TOWN		COUNTY	JANI STATE	
	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR	Arm Foster		- Maryland 2		AF 250. DATE R	EC'D. BY REGIST	RAR 256 REGIST	RAR'S SIGN	ATURE	

A CONTRACTOR OF THE PARTY OF TH Wild Service interest with the service between the ter all it light STATE OF MARYLAND

	1 -	STATE REGISTRAR			DEPARI		ICATE OF DEATH		EG. NO.		
		CEASED NAME	FIRST		Jav	CONKI	TNC	20. DATE OF DEA		DAY YEAR	2b. HOUR
	3 SE)		STER	4. RACE	Jay	Is. DATE O		6 AGE (IN YEARS	4 - 13	- 85	10:49p
1		Male	340	White	e	Nov.	24. 1891	C	93 YRS	MONTHS DAYS	HOURS MIN.
6	7a BI	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY				ITY OR COUNTY	OF DEATH	The sa
1		W York	ATH				DIX DIVORCED DROTHER INSTITUTION	Harford	UPATION		OF BUSINESS OF
	1	VRE DE GR		CITIZEN	IS NURSIN	NG HOM	2	Chemis	MOST OF WORKING LIF		Gov't.
1	13a. S Ma	al residence (if Nurs STATE aryland	Harf	ITY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Aberdee	VN	13d. INSIDE CITY LIMITS? YES X NO		ress nt Royal	Ave./2	1001
	14 FA	George		M.	Conkli:		15. MOTHER'S MAIDEN NA FIRST  Marilda	E	DDIE	Hought	aling
1		VAS DECEASED EVER YES NO OR UNKNOWN) YES		E WAR OR DATES	16b SOCIAL SEC	URITY NO.	R.Kraus,c/o		arke St	Aberde	21001 en.MD
6										ROSCO ZEN IN PART I	0
1	RTIFIC			1 191					YE XC	S	S OF DEATH?
1	MEDICAL CE	21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOT WAT WORK AT WO	CAUSE OF DEA	P./ 21e. PLACE (	M. MONTH D	19	216 HOW INJURY OCCUR		OF INJURY IN ITEM 18, P	COUNTY	STATE
		77a.1 certify, that (I) www. the decease above. (I) (www) 12 h SIGNATORE	(this hospided alive on	0	a deceased from	h-1	d that in (my) (our) opinion  ATTENDING	deoth occurred on	the date and have	r and from the	, that (I) (we) lo e couses stated E SIGNED
		ChARLE	AME TYPES	1. For	1 gyl	TR.	220 ADDRESS AUR	e de	GRAC	E. 1	md.
	{	BURIAL, CREMATION, (SPECIFY) Burial			,1985 C	hurchy	emetery or crematory ville Presby.	23d LOCATIO	nville,Hr		
	Ta	uneral director rring Fune	ral H	ome,P.A	.,Aberde	en,MD,	21001-339 <sup>29</sup> A	PR 1 9 10	STRAR 256. REGIST	200	~

DHMH- 16 30M 2/80 (VRA 15, 4)

BP.



FOR

STATE OF MARYLAND

A CAMPANIAN AND LINES . HER STANDARD CONTRACT TO SHARE THE SHARE T and the state of t dige the strength

Chambers FuneralHome

20013	April 20, 1585		racio ni	dust zana	G
		Dieler 3,1960	iar Seb	2821150	ales
	h masti.		1, 1,015,12	bodinu	streoff(s)
7 11 21	Sellies.		bysys "noil"	na Figrall	Aberdeen
by b	veryland houlev	×	do the da	77 13	Hany Lands
	adada in wei	1. 1.59		nkroan) Dism	Clarence (w
Alterdeep	multanith Cidnic. Come lingiand	ri iri Turing	31:3-10-282	10 Few 81	Yes
		AVA a 5 %	er andidi		
×	X HILL				
	7 7 7	la" yala t	erns frank	X go	x III to
and spirally	nasiga IA nasigray, basysino			156422 X	
11400 J24J					
7-45-73-14 11	w Health Clinic June "aryland Li	LCALL LALL	- ]	M. CPT. LO	IN R R. FI
STATE	n e =		I 0 548	1.51005	

TO HOSPITAL

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

John H. Harkins 600 Main St. Delta.

injury, or other troumatic event, th

123134

STATE OF MARYLAND & 5
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			DEPART		HEALTH AND M		IENE REG. N	10		
	I. DECEASED NAME	FIRST		MIDDLE		LAST		2ª DATE OF DEATH	MONTH DA	AY YEAR 2	b HOUR
	[TYPE OR PRINT]	Rou	Δ	ndu	1	YOU			4 21	1995	3 % M
	3 SEX	100	4. RACE	1100	S. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIR	RTHDAY) IF	FUNDER I YEAR	IF UNDER 24 HRS
3	Male	,	White	e	Jun		1915	69	YRS.	DNIHS DAYS	HOURS MIN.
Į,	70. BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER M.	ARRIED 🗆	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
ζ	Virginia		United	States	WIDOW		ORCED [	Harfo	rd.		MD.
-	10. CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	120 USUAL OCCUPAT		126. KIND OF	BUSINESS OR
1	Havre de Gi	race	HOLDE	1 Memon	9 . 1	tranta		Sawyer	JF WORKING LIFE)	Saw Mi	111
-	USUAL RESIDENCE (IF NUR	136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					11111	
6	Maryland		ford	Street	N	134 INSIDE CIT	Y LIMITS?	4518 Clerm		II Dood	/ 21154
	14 FATHER'S NAME	1 Har				15. MOTHER'S			One MI.	II Moad	7 211)4
0	William		G.	Dixon		Eva	IRST	M.		Goods	on
-01	160 WAS DECEASED EVER	R IN U.S. AR		16b. SOCIAL SECU	IRITY NO.	17 INFORMAN		ADDR	ESS CIL		
	(YES, NO OR UNKNOWN) Yes	(IF YES, GI	WWZ	227-12-3	155	Annia	Div	on 4518 Cle	Str	eet, MD	21154
						Lymite (	Y DIV	011 4710 016	riion c		
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter of VAS CAUSE	nly one couse per D BY:							BETWEEN ON	ATE INTERVAL
		IMMEDIA	TE CAUSE (0)	Cardia	c arr	62 A				4	8 HRS
	0.000		DUE TO, O	R AS A CONSEOU						4	HES
	Conditions, if ony gave rise to im	, which	(h)	Bile a	spira	fion				10	, ,,,,,
	couse (a), stati- underlying couse	ng the	DUE TO, O	R AS A CONSEQUE						9	WKs.
			(c)			sendocu.					W 174 .
	PART 2 OTHER SIG	NIFICANT (	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED T	O THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110	
	@ Metast		MIMOga			~					
	Notes 1	TION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b IF YES, V	WERE FINDING ING CAUSES O	S USED
	HI L		July Day					YES NO	YES		NO DO
	210. ACCIDENT WAS UN		216. TIME C	F INJURY M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
DA.	S (IF EITHER NOTIFY MED		310		19						
	(IF EITHER NOTIFY MED  21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	4P41 575 )	211. LOCATION	4	CITY OF TO	WN	COUNTY	STATE
	AT WORK NOT W	HILE DRK	TAT HOME ST	FEET FACTORY, OFFICE, F	ARM, ETC. J	J. Since		CITONIC			31416
	220.1 certify that (I)	(this hospi	tal) attended th	e deceased Irom_	Do	cil 3	19 04	_, to_April	D d 19	C.S. the	ot (1) (we) lost
	saw the deceas	ed olive on	TRR 14	20 19	55, 6	nd that in (my) (a	our) apinion o	death occurred on the d	ate and hour c		
	226. SIGNATURE	dia) (dia no	ii) view the body	offer death		DEGREE				22c. DATE SIG	GNED
	Carde	In D. 7	mellin	mos		MO AT	TENDING VE	MEDICAL STA	FF.	4/21	185
-	22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)			22e ADDRESS	TISICIAN D	DIRECTOR PHYSIC	JAN [	17/0/	
	ANDROW	PAUL	FRIDBO	ERG MD		502 LF	PRINCE	T. HAVRE DI	E CYRA	CE MD	
	23a. BURIAL, CREMATION,				JAME OF C	EMETERY OR CR		236 LOCATION			
	(SPECIFY)	REMOVAL		A 100				Lowerowsh	ancefor		STATE
	Burial 24 FUNERAL DIRECTOR		4/23/8	55 IPI	easan	t Home C	emeter	Sunnybu	rn Yo	ork	PA
	ALAME			10000			APRA	REE'D BUSISTRAR	THE STRUCK	MARLS Notice	Allie

Fallston. Md. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236. DATE (SPECIFY) Burial 4-6-1985 Bel Air Bel Air Mem. Gardens Harford 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 E.F.Lassahn, 11750BelairRD. Kingsville, Md. 21087 (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

126. KIND OF BUSINESS OR

Kopper's Co.

21057

BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

771. DATE SIGNED

INDUSTRY

On a Program on Expension Contract of the Cont this are the side of and the state of t A STATE OF THE STA

to the least to the second of the second of

Balletinal land and took a section of the control o

13123		1 -	FOR STATE REGISTRAR			DEI	PARTMENT		ARYLAND 8 AND MENTAL H OF DEATH	YGIENE	REG. N	10.	3 0		
4 to 90 to 9		(TYPE	OR PRINT)	ohn	WA	HEL	Er		'e'	-	OF DEATH	4-13	3-85	26 HOUR 1'.50	
ada c		3. SE	MALE		RACE White			MAY 24	1912 YEAR	100	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YES				
	19		RTHPLACE (STATE OR FOR	EIGN 7b.	CITIZEN OF		M	ARRIED A NE	EVER MARRIED [	1	arfor	COUNTY	of DEATH		
M	87	10 CI	allston (2	1) (1401)		H FACILITY, GIVE			r institution	TTYPE OF V	AL OCCUPAT YORK FOR MOST (	ION OF WORKING LIFE	INDUSTRY	OF BUSINESS	
filled in nould be	35	13a S		HOME OR OTH		13t. CITY OF	RIOWN		IDE CITY LIMITS?	13e STREE	103 DONZEN Drive-Apt. B			BIY	
ompletely ond 2 sk	20	14 FA	THER'S NAME FIRST			Enge	NGEIKE, SE		15. MOTHER'S MAIDEN NAME		MIDDLE		Burnham		
be execu	1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (	U.S. ARME IF YES, GIVE W.			L SECURITY	NO. 17 INFO	L'Ilian A	· Enge	77 ADDR 10	BONZE	N Drive	- Apt. B	
physicio on popers emovol.			18 CAUSE OF DEATH IN PART I. DEATH WAS	Enter only of CAUSED B		Cari	(b), ond (c)			a re			APPROX BETWEEN	MATE INTERVAL ONSET AND DE	
hot the deoth cr by the ottendin ose remove corb. I. cremotion, or other froumotic			Conditions, if any, we gove rise to immed couse (a), stating underlying couse	the 5	(b)	RASA CON	enal	tall	ure '	A55)			2	weel	
equires the signed Then ples to burio injury, or	ony injury,	CERTIFICATION	PART 2 OTHER SIGNIF	ICANT COM	NDITIONS CONTRIBUTING TO DEATH			DEATH BUT NOT RELATED TO THE TERMIN			RMINAL DISEASE OR CONDITION GIVEN IN PA			PART IIo	
on. hos per ene ows			190 DATE OF OPERATIO	N	196 CONDITION FOR WHIC		VHICH OPER	HICH OPERATION WAS PE			IN CERT		, WERE FINDI	NGS USED S OF DEATHS	
PYSICIAN TI ding physicis s certificate buriol-transit Mental Hygi	9		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	SE OF DEATH	21b. TIME O HOUR A.	M. MONTI	H DAY	21c HC	W INJURY OCC	URRED (ENTER	NATURE OF INJU	JRY IN ITEM 18 PA	ART I OR PART ?}		
offendin offendin ter this os the bur h ond Me		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE	OF INJURY REET, FACTORY, C	OFFICE, FARM E	ZII. LO	CATION		CITY OR TO	OWN	COUNTY	STAT	
by the hospital or ERAL DIRECTOR. After detached for use of State Dept of Health ANT: If them 21 is mo			220.1 certify that (I) (the saw the deceased obove, (I) (we) did 22b SIGNATURE	olive on ) (did nat) vi			from19	DEGREE	, 19, 19, 19	MEDICA		lote and hour			
TO HOSPITAL eroined by the TO FUNERAL should be deta with the State	1			ENIF	t (	=6A	N	22e AD	DRESS						
BP			URIAL, CREMATION, RES		April Ve	,1985			OR CREMATOR		CATION HY OR TOWN	Good Co.	COUNTY	51AT	
DHMH - 16 60M 7/8 (VRA 15, 4)	34	24_FU	ENERAL DIRECTOR	Toste	500	SLAW OF	DRESS TO	MELLIAMS					AR'S SIGNAT		

Marining Colleges Col Miles I work to the second probability of the con-

MPORT

DHMH - 16 60M 7/84

(VRA 15, 4)

112083

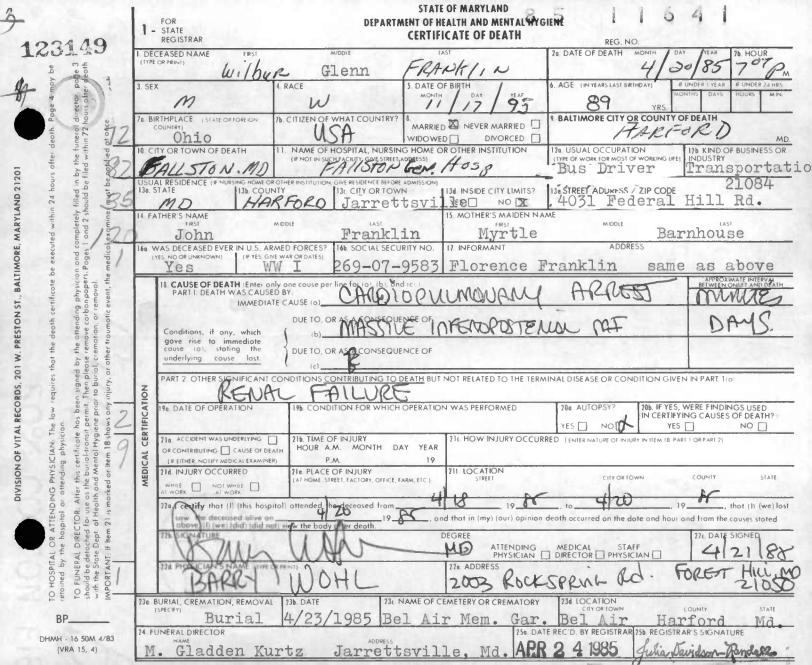
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 2b. HOUR DECEASED NAME TYPE OR PRINTS Alma & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH 106 78 White Female TO BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania USA WIDOWED DIVORCED D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife USUAL RESIDENCE (IF NURSING 130 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 554 Anchor Drive 21085 Joppatown NO X Maryland IS MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE LAST MIDDLE George Minnie Doering Maurenc 17 INFORMANT ADDRESSTimonium, MD 16b SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Alma Doris Burton 14 K Breezv Tree Ct. 267-64-7459 No 18 CAUSE OF DEATH (Enter only one couse per long for (o), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOXX NO T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (and) (did not) view the body after death 22b. SIGNATU DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN POIRECTOR PHYSICIAN 22e ADDRESS 21078 319 S. Union Avenue Havre de Grace. MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN COUNTY Burial April 20. 1985 Princeton Princeton Mercer New Jersev

24 EUNERAL DIRECTOR Patterson & Son Perryville, Maryland

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE wa Daydon-Handell

21	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 0	40	
m £		CEASED NAME FIRST		AIDDIE		AST OWET TOD	20 DATE OF DEATH	MONTH [	DAY YEAR	2b HOUR
deode		WAL!		E.		OWLER		4	22 85	11:00
rs after	3 SE.		4 RACE		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BE		WONTHS DAYS	HOURS MIN.
urs	-	Male	Whi		12	26 1902	82	YRS		
200		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C		OFDEATH	
5		timore, Md.	U. S.		WIDOWE	DIVORCED DIVORCED DIVORCED	Harford		Tigh KINID O	MD. OF BUSINESS OR
by the	,1	Bel Air	Belair	N. & C.	Ctr.	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OPTICIAN	OF WORKING LIFE	EL INDUSTRY	OpticalCo
hould be in	13o. :	d. Ba	or other institution unity  ltimore	GIVE RESIDENCE BEFOR 13t. CITY OR TOW Kingsvi	/N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 11709 Bel	ZIP CODE <b>levue</b>	Ave.	21087
ond 2 s		ATHER'S NAME FIRST PLET	MIDDLE F.	Fowler		Annie	E.			oyle
dicol des		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECL		17 INFORMANT				evue Ave.
Pog.		10	ONE WAR OR DATES	577-10-	8483	Mr. Charles	F. Fowler, K	infsvi	ille, Md	.21087
ned by the ottendi please remove ca- urial, crematian, a v, ar ather troumot		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OI	r as a conseou	ENCE OF	ALCIA I		MЬ		YRS
sermit. Then the prior to be a sign of the p	CERTIFICATION	HYPO C	ALCE.	MID,	4y	NATRE N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	RTHO , WERE FINDIN YING CAUSES	OF DEATH?
short p	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	E IN II IDV		21¢ HOW INJURY OCCUR	YES NO		S 🗍	NO 🗌
Litror al Hy		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D		THE HOW WAJON'S OCCOR	LED (ENIER NATURE OF IN)	KT INTIEM IS P	ARI ( OR PARI 2)	
the buria	MEDICAL	21d INJURY OCCURRED	21e. PLACE		FARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
ERAL DIRECTOR. Afte e detached for use os: State Dept. of Health aANT: If them 21 is mark		220.1 certify that (1) (this had sow the deceased alive obove, (1) (we) (did) (did)	Poace	22 19		ATTENDING PHYSICIAN  22e ADDRESS	death occurred on the d	FF	19 85, and from the	
ORT.				T M Fe			Dr. Fallst	on. M	d. 2104	7
W. Should		BURIAL, CREMATION, REMOVA	AL 236 DATE	23ε. Ι	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		d Out to the	
0 FOW 4/B3		Dr. Robert BURIAL, CREMATION, REMOV. UTIAL HERSONECTOR		23ε. Ι	NAME OF C	emetery or crematory hedral Cem.	23d LOCATION CITY BAILTI TE REC'D. BY REGISTRAR 4 1985	more	COUNTY Md	

offending model of projection of the model of the control of the c The state of the s CONTRACT CARREST OF THE PARTY O The part of the first of the court of the contract of the cont .ul stored at a least the last the least the



0 1. A STATE OF THE STA The same with the state of the same with the 18 12 PM THE E SAME OF THE SECOND STATE OF THE SECOND

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		EASED NAME	FREST	HIDDI	I.E.	LAST		20 DATE OF	DEATH MONT	TH DAY	YEAR 2b	HOUR
2.0	17198	CH PRINT)	William	a GI	enn	Fu	JK .		Apr	1 13	1980	49,
6.6	1. SE	(		RACE		5. DATE OF BI	RTH	6. AGE (INYE	ARS LAST BIRT DAY	) IF UNDE		UNDER 24 HRS
t offi	1	Hele		whit.		MONTH Z	3 190 3	8	1	YRS	DAYS HO	DURS MIN.
00		RIMPLACE AND O	kideok 7	CITIZEN OF WHA	AT COUNTRY?	8		9 BALTIMO	RE CITY OR CO		EATH	
I YX	8	Sutit De	Kota	USK	7	WIDOWED T	NEVER MARRIED DIVORCED			Harle	ard	M
2 1/	16. C	TY OR TOWN OF D	The second second		PITAL, NURSING		THER INSTITUTION		CCUPATION FOR MOST OF WOR	11b	KIND OF BU	
IOU	Pla	vre de Gr	ACE	Hartord	Mello		pspital	10	DINIG		Truc	ton
題之工	TJa S	TATE	THEN COUNT		RESIDENCE BEFORE	ADMISSION)	INSIDE CITY LIMITS?	113e.STREET A	DARESS / ZIP	-	1141	5
JU)		Md.	Cicil	_ C	OHO WIN	90 YE	S NOT	171	11- 11	Spring	Rd	0
5 KV	M. FA	THER'S NAME	26	oote	LAST	15	MOTHER'S MAIDEN NA	ME	MIDDLE	1 0	LAST	
0.20	-	EONYE	ANDY	can	FUNK		OlliE		HEN	NON		
the opt		IS NO OF UNENOWN	the same property and property	ED FORCEST 166	SOCIAL SECUI	0689 A	INFORMANT	_ ,	ADDRESS	Rock	SPRI	ng Ro
1		100	1		14-24-	7 1000	UNICE	FUNK	CON	owin	90	will.
and the state of t		PART L DEATH	TH Enter only	one cause per lie	for to lib and	10/10-1	1.1.	do	1		APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATI
and come			IMMEDIATE	CAUSE (a)	MIL	CAPL	walny	Ton	mu	-		
8 0 5		111111111111111111111111111111111111111		DUE TO, OR	A CONSEQUE	NOE OF	2	Fril	h 41	- 5		
orio from		Conditions, if or gave rise to in		1 10 /	My L	10 /	rune	/				
and a		couse (a), star underlying cou	ting the	DUE TO, OR AS	A CONSEQUE	NCE OF						
De o		Action Amilia and		rd_								
o but	NO	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS CONT	RIBUTING TO D	EATH BUT NO	RELATED TO THE TERM	AIN AL DISEASE	OR CONDITIO	IN GIVEN IN	PART 110	
1917	A	No DATE OF OPER	ATION	TIPL CONDITION	N FOR WHICH	OPERATION W	AS PERFORMED	20a AUTO	PSY? 70b	IF YES, WER	E FINDINGS	SUSED
1119	IFIC							YES 🗆	NOLIN	CERTIFYING	CAUSES OF	DEATH?
The state of	CERT	The ACCIDENT WAS I	NDERLYING []	216 TIME OF IN		71	. HOW INJURY OCCUR					40
1274	#	OR CONTRIBUTING [		HOUR A.M.	MONTH DA	Y YEAR						
1 1	MEDIC	21d MJURY OCCU	ativisia and a second	21e. PLACE OF I		211	LOCATION					
and a	Z	G	CON CON	(AT HOME STREET, I	FACTORY, OFFICE FA	RM, ETC )	STREET		CITY OR TOWN	(0	YIMUC	STATE
Milos Mark		27x I certify that		) attended the de	ceased from		1985	, to	PFIL 1	19 85	that	t (l) (we) la
25 %			ned alive on _	April 13	19	, and th	at in (my) (our) apinion	death occurred	on the date a	nd hour and f		
201		IN GNATURE	(did   did not)	view the body afte	/ NA	DEG	REE			25	21. DATESIG	NED
HO H	1	Hunt	mi)	nina	Kin.	w.	ATTENDING PHYSICIAN [	MEDICAL	STAFF  PHYSICIAN		CHU	155
8037	1	TH PHYSICIAN'S	NAME ITHEOR	Ballett ( A		22	APDRESS			JA	77	7 0 3
Port of the port o	1	DAN TE	1	MNAI	RIL		torud	1 Dr.	ACC	Med	210	78
613	23u l	URIAL CREMATION	L REMOVAL	73b DATE	73c N	AME OF CEME	TERY OR CREMATORY	23d LOCA				1-
	133	Bugg	0/	4-16-8			BAPTISI		ORIOWN OW/40	Coun	0 1	STATE
4 4044 7 /84	24. FI	NERAL DIRECTOR			BRIS		00 DAT	E REC D. BY RE				
16 60M 7/84 A 15 41	10	T FOR	- F.	1150011		in	APRIL	17 4000	A Sulian	Spindry	Mandel	2 "

	TATE EGISTRAR		MEDI	CAL EXAMIN	ER'S C	ERTIFICATE	OF DEATH	REG. NO.		
	EASED NAME OR PRINT]	FIRST		Evans		BREATH	OF DEAT	ECT!	MONIH DAY YEA 4-20/21 19 8	5 M
3. SEX	lale Cat	MONT		YEAR 6. AGE (IN YEAR LAST BIRTHD)	MONTHS		MIN. PRONOI	UNCED	4 22 198	3:15 P M
70. BIR	THPLACE (STATE OR EIGH COUNTRY)	7b. CIT	U.S.A.			D NEVER MA	RRIED   9. BALT	_	COUNTY OF DEATH	
Abe	y or town of DEATH erdeen	Ho]	or in such facil Lidan II	ral, nursing home ity, give street address! nn = 793 W	. Bel		120 USUAL OCC FORMOST OF W Exc. V	ORKING LIFET	Mortga	ISTRY
13a. ST	RESIDENCE (IF IN NURSII ATE 131 nnsylvania	OUNTY		RESIDENCE BEFORE ADMISSING CITY OR TOWN  Langhorne		YES NO	□x #14 Key		t. 19057	99
9	THER'S NAME George	Robe	rt	Ga1b		15. MOTHER'S MA FIRST  Jean  17. INFORMANT	IDEN NAME	ADDRESS	Evan	s
160 W.	AS DECEASED EVER IN 5, NO, OR UNKNOWN)   111 NO	U.S. ARMED FO YES, GIVE WAR OR D		16b. SOCIAL SECURIT			ynn Galbre		19057 Keystone	Ct.
	Canditians, if any gave rise to im cause (a) stating th lying cause last.	, which mediate e <u>under</u> -	(b) DUE TO, OR AS	S A CONSEQUENCE (  S A CONSEQUENCE (  NOT RELATED TO THE TERM	OF	OR CONDITION GIVEN II	4 PART 1 (a)			
_   9	19a. DATE OF OPERATION	NC	196. CONDITIO	N FOR WHICH OPER	RATION W	AS PERFORMED?		· · · · · · · · · · · · · · · · · · ·		
									20 AUTOF	
CERTIFIC	210 EXTERNAL CAUSE UNDERLYING ON CONTRIBUTING CA			MONTH DAY YEAR	2		RRED (ENTERNATURE OF		YES \$	
EDICAL		USE OF DEATH	HOUR A.M.	MONTH DAY YEAR 4/20-211985 INJURY (AT HOME.	sub	eject inc	ested dru	q	YES \$	0 NO []
MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CA 21d INJURY OCCURRET WHILE NOT WAT WORK AT WOR  22a. I certify that I to death resulted fram:  ACTUAL SIGNATURE	USE OF DEATH  HILE R  rock charge of the	P.M. 21e PLACE OF STREET, FACTOR  remains descri	MONTH DAY YEAR 4/20-211985 INJURY (ATHOME, INSTANCE) PC1 bed abave, held an ccident , Su	Substitution of the substi	Diect inconstance  ATION  W. Belai  W. Inspection  Hamicide  TITLE (SPECIFY  ASSISTA	r Rd. Abe.	rown rdeen, H	YES SATE SIGNED 4-2:	3-85
MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CA 21d INJURY OCCURRET WHILE NOT WAT WORK AT WOR  22a. I certify that I to death resulted fram:  ACTUAL SIGNATURE	USE OF DEATH  OH  HILE RATE  Natural caus  Ann M.	P.M. 21e PLACE OF STREET, FACTOR hot	MONTH DAY YEAR 4/20-211985 INJURY (ATHOME, INSTANCE) PC1 bed abave, held an ccident , Su	21f Local Type 1793 Autops 12 Autops	Diect incontrol  ATION  REET  W. Belai  W. Inspective (SPECIFY  D. ASSISTA	r Rd. Abe.	rdeen, H ry, and manner,  AMINER , Balto.	YES ART I OR PART 2)  Harford. Mo in my apinian  DATE 1-2	3-85

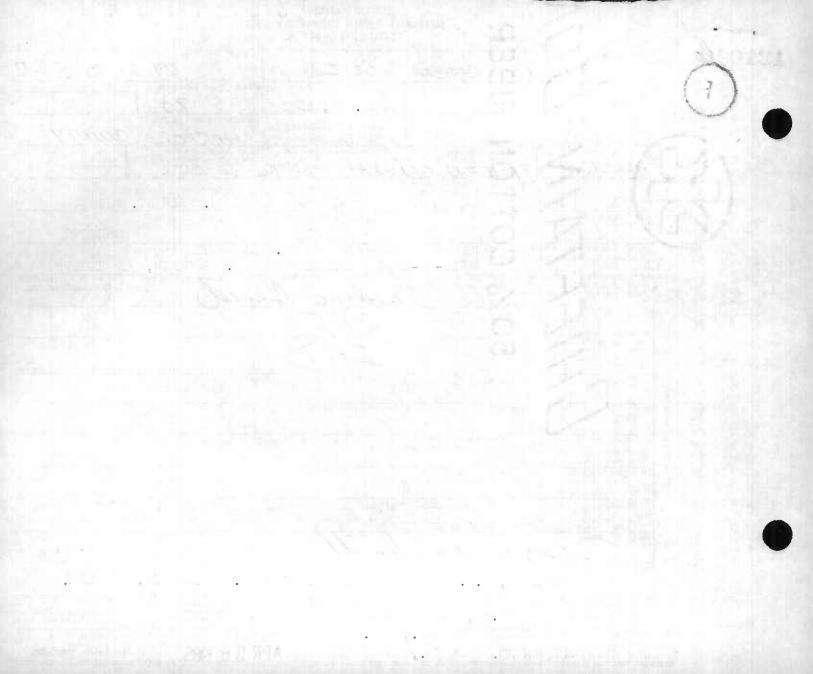
	STATE OF
FOR	DEPARTMENT OF HEAL
STATE	CERTIFICA

STATE OF MARYLAND 👸 👙
EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

0.3						-	REG. NO.					
		CEASED NAME FIRST		VIDDIE		ETZ		20. DATE OF DEATH	MONTH CH	DAY YEAR 26 H	30 A	
	3. SE.		1. RACE	Songe	5. DATE C		6	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR IF UN	DER 24 HRS	
1		FEMALE	WHITE		MONTH			8	3	MONTHS DATS HOUR	SMIN	
5/	7a. BI	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8		9	BALTIMORE CITY	R COUNT	Y OF DEATH		
5		MARY LAND	USA			D NEVER MARRIE		HARFE	RD	COUNTY	MD.	
1	10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTIO		20 USUAL OCCUPATI		12b. KIND OF BUS	INESS OR	
0	-1	FALLSTON	FALLS	TON 681	NER	RL HOSP	MAL	HOUSEWI		AT HOME		
72	130. 3	AL RESIDENCE (IF MURSING HOME OR STATE 13b. COUN		13c. CITY OR TOWN	1	13d INSIDE CITY LIM	NITS?	3e.STREET ADDRESS				
0			FORD	BEL AIF	}	YESXX NO [		26 S. MA	IN ST	. #21014		
21	1	ATHER'S NAME FIRST SAMUEL	MIDDLE	COHEN		ROSA	IEN NAME	WIDDLE		UNKNOWN		
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR				LAN GETZDORE				
		NO		217-60-2	2654	105 GLEN	WOOD	RD. BEL	AIR,			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b), and	7.1	0,	1.	.01		APPROXIMATE IN	NTERVAL IND DEATH	
			E CAUSE (0)		0/2	sise 1	41	100				
			DUE TO, OF	R AS A CONSEQUE	NCE OF	145						
		Conditions, if ony, which gove rise to immediate	(b)		-	+ 1			_			
		cause (a), stating the underlying cause last.	DUE TO, OR	R AS A CONSEQUER	ACE O	LHI	)					
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	IE TERMIN	IAL DISEASE OR CON	DITION GIV	VEN IN PART 11a		
7	NO											
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (	DPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERTI	S, WERE FINDINGS U	ATH?	
	CERT	21a ACCIDENT WAS UNDERLYING				21c. HOW INJURY C	OCCURRE	YES NO		ES NO		
1		OR CONTRIBUTING CAUSE OF DEA	in .	M. MONTH DA'	Y YEAR							
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION		CITY OR TO	VALINI	COUNTY	STATE	
	×	AT WORK AT WORK	(A) HOME, STRI	EET, FACTORY, OFFICE FA	M. ETC }	SIREET		1	****		SIAIL	
		220.1 certify that (1) (this hospit					38	10 Horal	22	19.85 , that (	(we) lost	
	3	sow the deceased alive an abave, (1) (we) (did) (did no	t) view the body	ofter seath	-2		pinion de	oth occurred on the di	ote and hou			
J.		22b. SIGNATURE	no.	100.	11	ATTEND	ING	MEDICAL STAI	FF	22c DATE SIGNI		
/		22d PHYSICIAN SAIAME HINE O	The c	reen	no	PHYSIC 122e ADDRESS	IAN 🗌	DIRECTOR   PHYSIC		4/24/	85	
		JOSEPH REINH		D.		2303 BEL	AIR	RD. BEL	AIR,	MD 21014		
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	APR. 24	.1985 BN		EMETERY OR CREMATERS	TORY	23d LOCATION BALTIM	ORE	COUNTY MARYL	AND	
	24 FU	UNERAL DIRECTOR SOL		& BROS.,			Sa. DATE F	REC'D. BY REGISTRAR				
34		6010 REISTERSTO		BALTO.		21215	APF	2 6 1985	1 na	Leviden Pan	lette.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

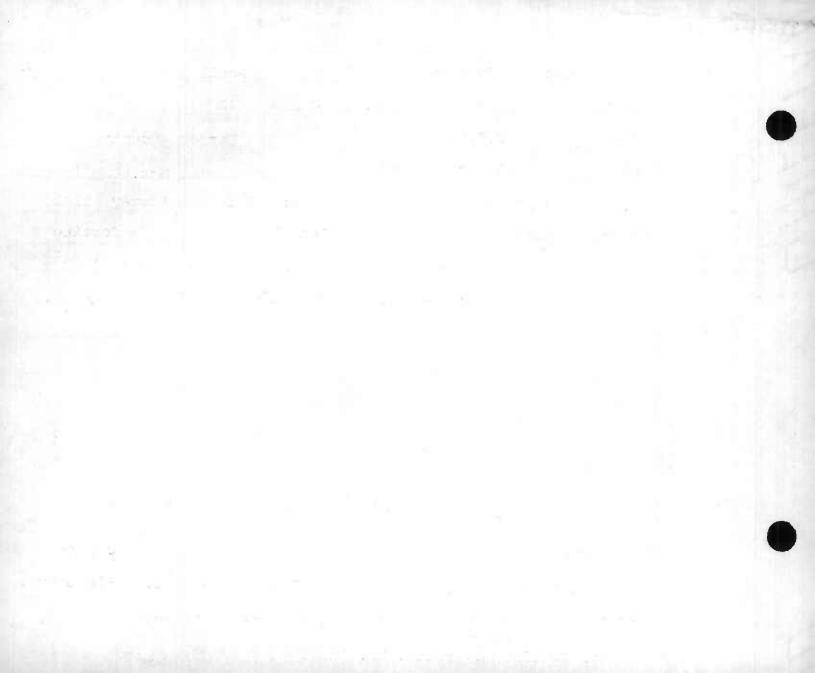


STATE OF MARYLAND

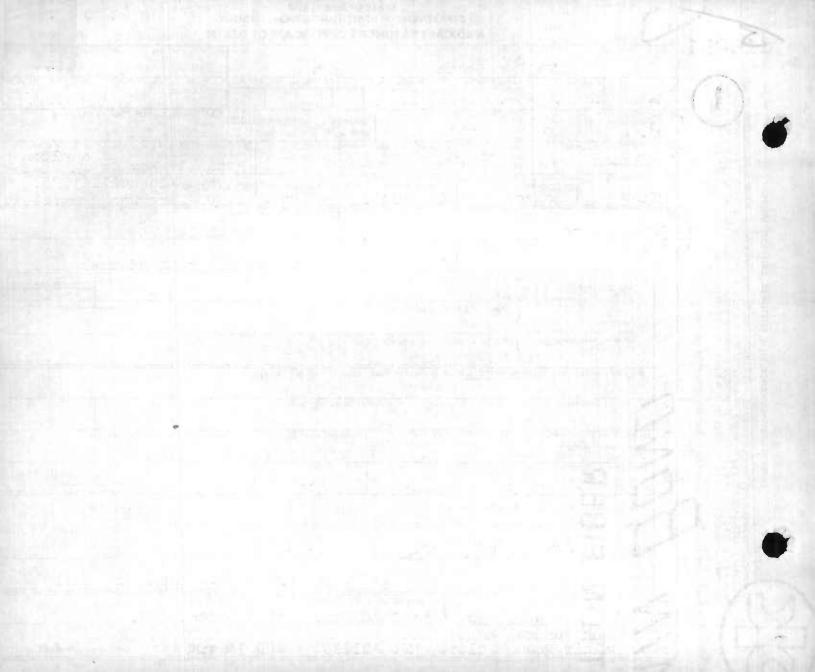
DEPARTMENT OF HEALTH AND MENTAL HYGIFNE CERTIFICATE OF DEATH

REGISTRAR REG NO 2a DATE OF DEATH 1.451 26. HOUR 1. DECEASED NAME CIYPE OR PRINTS April 8 1985 Glomp 6:45 m Janet Constance A AGE LIN YEARS LAST BIRTHDAYS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 30 1942 White July Female. 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Md. Harford County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 603 East Leeway Bel Air Financial Mgr. Credit Union LISUAL RESIDENCE LIENURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 603 East Leeway 21014 BelAir Harford Md IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Marcella Sortino Miller Ross James MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) Paul V. Glomp Jr. (husband) 215-40-0045 address no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY arcinina DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO M 710 ACCIDENT WAS UNDERLYING T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) STREET NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on .... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (dig not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Reisterstown Rd. & Slade Ave. Dr. Lawrence Solomon 600 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIEY) BelAir Mem. Gardens Md. 4/11/85 Baltimore Burial 24 FUNERAL DIRECTION THE FUNERAL HOME, Inc. 9705 Belair Rd., Balto. Md. 21236

DHMH - 16 50M 4/83 (VRA 15, 4)



	1					OF MA		7 N	1	3	1 /	10	6		
15	1 - STATE				ENT OF H			1000			1 ,	J -4	0		
116081	REGISTRAR		ME		XAMINE	R'S CE	RTIFIC	CATEO	F DEAT	Н	REG. N	٧٥.			
TICOST	1. DECEASED NAME	FIRST		WIDDLE		LA	sť		20	DATE K	NOWN	MONTH		YEAR	26 HOUR
2) of 1/2 F		RICHAR	D Sc	ott		GRO	MOX			OF DEATH A	MATED	4	22	19 85	M
	3 SEX	4. RACE	5. DATE OF BIRTH	YEAR	LAST BIRTHDAY	IF UND	DAYS	IF UNDER			CED	MONTH	DAY	YEAR	2d HOUR
A PRINCE	Male	Cauc.	9-25-1		19 YRS	MONIHS	DAYS	HOURS	MIN, PR	DEAD	ED	4	22	1985	6:40 M
A SEED	BIRTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUNT	RY? 8	MAPPIEC	□ NEV	ER MARRIE	n 121 y	BALTIMO	RE CITY	OR COUN	ITY OF D	PEATH	
SHOET TO	Md.	1	U	SA		NIDOWED		DIVORCE		Harfo	ord C	County	7		MD
STAN BY	. CITY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTHER	INSTITUT	ION				YPE OF WORK			
358E	Fallston	n /	Rt. 7 a	t Rt.	152					emb1		orke	That	P.L.	ron
E PERSON	SUAL RESIDENCE			VE RESIDENCE B			d: INSIDE CIT	TV LIMITCS	13e STREE					y ste	ms
AND AND A	Md.	Bal	to.		svill		YES [	NO 🔽							1087
MD. T. S.	4 FATHER'S NAME						. MOTHE	R'S MAIDEI	NNAME			Y WOO	us_i	11.02	1007
# 5 m 3 5 5 C	Donald	Groom	MIDDLE	L	AST	200	Bet		Buck		DOLE			LAST	
NO MASSING	160. WAS DECEASED	EVER IN U.S. ARM	NED FORCES?	16b. SOCI	AL SECURITY I	NO. 17	INFORM	TANT	Duck	шете	ADDRES	SS			
S AFTER COVE P PAGES WISTON	NO (YES, NO, OR UNKNO	WN) (IF YES, GIVE W	VAR OR DATES)	214-	80-25	9.7	Rett	y Gr	·OOm	6.3	mo	addr	000		
8 6 3 1 0	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	F DEATH (Enter anly	v ane cause per line				Derr	y GI	COIII		JIIIC C	auur	AF	PROXIMATI	EINTERVAL
ON ST. ON ST. ONG TEM TERM TERM TERM TERM TERM TERM TERM	PART I DE		BY: E CAUSE (a) Cr			and	cer	vical	trau	ma			BETV	VEEN ONSE	T AND DEATH
	7 8/	2 OMMEDIATE			EQUENCE OF	- 0110		72.042	ca a a						
V. PREST WITHEN NCIL IN INER A IRANSIT ATAL HY		is, if any, which	0.5												
W WIND	cause (a)	e to immediate stating the under-	DUE TO, OR	AS A CONS	EQUENCE OF										
	lying cau	se last.	(6)												
EXECT NG" CAL ANDE	PART 2 OTHER SEC	GNIFICANT CONDITIONS C	ONTRIBUTING TO OLATH	BUT NOT RELAT	O TO THE TERMINA	L DISEASE O	R CONDITION	GIVEN IN PAR	TIE						
S A SEA															
ON OF VITAL RECORDS, 201 THE WORD "PENDING" III O THE CHIEF MEDICAL EX- OULD BE USED AS A BURIAL FOR NI OF HEALTH AND FOR DURIAL, CREMATION OUT DURIAL, CREMATION	NO 190 DATE OF 210. EXTERNA	OPERATION	19b. CONDI	TION FOR W	HICH OPERA	ION WAS	PERFORA	MED?					20 A	AUTOPSY	?
F VITAL I	E													YES 🖫	NO 🗆
OF V ATE S E WO THE O THE O THE O	210. EXTERNA	L CAUSE WAS	216 TIME OF		DAY MEAR	21c. HOV	V INJURY	OCCURRED	) LENTER NAT	URE OF INJUI	RY IN ITEM 1	8 PART 1 OR F		-62	
RTIFICATI NG THE V D TO THE SHOULD		NG CAUSE OF D	- 45		DAY YEAR - 19 85	Dri	ver o	of au	to/vai	n col	llisi	on.			
VISIC PERTI ING ED 1 SET PER PERTI	ONDERLYING CONTRIBUTION 21d INJURY O WHILE	CCURRED	21e PLACE	OF INJURY	(AT HOME,	21f. LOCA	TION								
DIN THIS C WARDI WARDI TATE D 21201	WHILE AT WORK	NOT WHILE		tory, farm, etc Dad	)	Rt.		Rt.		ITY OR TOWN	N		arfoi	rd	Md.
DIVISIO  UNER: THIS CERTIF FICATE, WRITING IF TOR: PAGE 3 SHC TOR: PAGE 3 SHC	222 1	y that I taak charge			- 1 - 1 - 1		X.			. [					rica.
A SUBLE	death resulte			Accident		Autapsy		Inspection		Inquiry L		and in my o	pinion		
REC BE	death resulte	ed from: Norore	al causes 🔲,	Accident	, Suici	de [],	Hamici TITLE (SP		Undetern	nined man	ner	,			
A NAME OF THE PROPERTY OF THE	ACTUAL	NW	Vhr.	1	1			stant				DATE	4-	-23-8	35
SE S		/	7			M.D.	110011	Jame	MEDICA	AL EXAMI	NEK	SIGN	ED	20	,,,
TIME TO THE TANK THE	EXAMINER'S I	NAME Ann M	l. Dixon,	M.D.		AC	DRESS 1	11 Per	nn St	., Ba	ilto.	, Md.	. 212	201	
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STER PAGH, WITH THE STER PAGH, WITH STAND OF THE STER PAGH, WITH THE STAND OF THE STAND	230. BURIAL, CREMAT		b DATE	23c N	AME OF CEME		-		23d. LOC/	-			UNTY		ATE
8P	Burial		4-25-85	Mo	reland	i Me	m. P	ark	Ba	lto.	, Mo	_	01411	21	AIC
DHMH - 17	25ch Thun							Se. DATE R			25b REC	GISTRAR'S			11/13
(VR A15 ME (5))	9705 Be	lair Roa	ad, Bal	to.,	Md.	2123	6	APR	23	1985	1	· David	son-0	andel	2
20M 4/B2										hard a					



14124

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH Newsom Haves 5 DATE OF BIRTH IF UNDER I YEAR MONTH HOURS Feb 1940 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED

70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Latta South Carolina USA DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ITYPE OF WORK FOR MOST OF WORKING LIFE Truck Driver USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN

13e.STREET ADDRESS / ZIP CODE Maryland 1014 Edgewood Road Harford Edgewood NOF 21040 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST

ARDIAC ARREST

160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) IYES NO OR UNKNOWN) Mrs. Bonnie F. Haves Peacetime Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF -ULMINENT Canditions, if ony, which gove rise to immediate cause (o), stating

IMMEDIATE CAUSE (a)

Bobby

4 RACE

White

DUE TO, OR AS A CONSEQUENCE OF

CHRONIL ALCEHOLISM

Haves

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in TREMENS PLERIUM

CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC )

obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE

DEGREE

211 LOCATION

ATTENDING 22e ADDRESS

Hallie

LIVER

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

FAILURE

200 AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22¢ DATE SIGNED

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

220 I certify that (1) (this hospital) attended the deceased from

505 LEWIS

230 NAME OF CEMETERY OR CREMATORY

ST. HAVRE DE GRACE, MD 23d LOCATION

CITY OR TOWN

and that in (my) (aur) apinion death accurred an the date and have and from the causes stated

STATE

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

25 years

STATE

Transport

INDUSTRY

Newsom

Edgewood, Md. 21040 1014 Edgewood Road

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

CERTIFICATION

MEDICAL

00

- STATE

TYPE OR PRINTS

3. SEX

I. DECEASED NAME

REGISTRAR

Male

Lacv

underlying cause

90 DATE OF OPERATION

21d IN JURY OCCURRED

710. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING T CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an,

Howard K. McComas III, Abingdon, Md. 21009

ian Cem. Joppa Harford

250 DATE RECID. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

... in wurdson Randalle

23a BURIAL CREMATION REMOVAL (SPECIFY) 22.1985 Mountain Christian Cem. Burial

(VRA 15, 4)

STATE STATE AND ADDRESS OF THE STATE OF THE man of the second state of

evode at mile publical more on brine land a wast to the land of the und a come a bloudants of and alcoholes and

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYCING

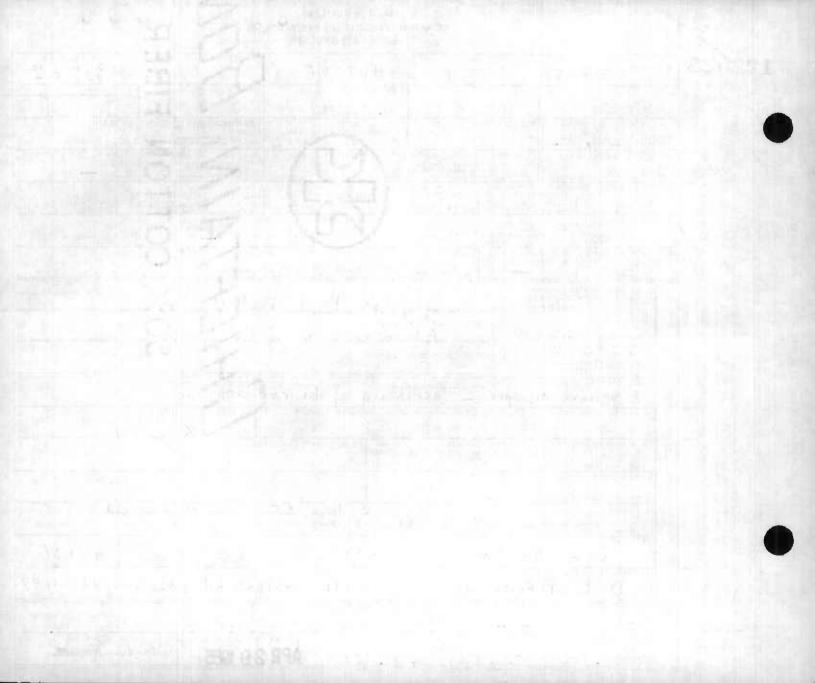
	1 -	STATE REGISTRAR		oti Aitti	CERTII	ICATE OF DEATH	REG. NO.					
s		CEASED NAME FIRST	,	AIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
1	{TYPE	ORPRINT) WANDA	I	RENE	++	UDSON		4	26.	85	6 A M	
3	3. SE)	(	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST B	HRTHDAY)	MONTHS	ERIYEAR	IF UNDER 24 HRS	
		Female	Whit	e	NOV.		66	YRS		DAYS	HOURS MIN.	
7-		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	_	9 BALTIMORE CITY	1.112		ATH		
5	Pi	ttsburgh, Pa.	US.	A	WIDOW	D NEVER MARRIED DIVORCED	Harfo	rd Co	unty		MD.	
1	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	170 USUAL OCCUPA				F BUSINESS OR	
	1	gewood	403 Ke	nnard Ave	enue		Housewif		LIFE) INL	DUSTRY		
1	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	130 STREET ADDRESS	/ 7IP CO	DF			
21:	Ma:	ryland Harfo		Edgewood	_	YES NO X	403 Kenna			2104	0	
	4 FA	THER'S NAME	MIDDLE	LAST	1	15 MOTHER'S MAIDEN NA	WE					
1		-11	gnatius	Motyse	ek	Claire	MIDDLE		Pop	iers		
7		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT	ADDI					
	(1)	res no or unknown) (IF YES GIV	E WAR OR DATES)	401-48-5	3483	Mercedes Sam	horeky 30	Md.2 9 Gar	F082	Pos	d.Joppa.	
F		18 CAUSE OF DEATH (Enter on	ly and cause per			METCEGES Sam	COTSVA! 20	9 Gar			MATE INTERVAL DISET AND DEATH	
		PART I. DEATH WAS CAUSE	D BY	0	10	e Heart F	outure			BEIWEEN	ONSET AND DEATH	
		IMMEDIAI	E CAUSE (0)		gestiv	e ucari	ou veri					
			DUE TO, OI	R AS A CONSEQU		1	11 . 1					
	150	Conditions, if ony, which gove rise to immediate	(b)	40	enor.	arunoma of	the live	V				
-1		cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQU	ENCE OF	V						
			( (c)									
	NO	PART 2 OTHER SIGNIFICANT O	worder	0	INOW		MAL DISEASE OR COI		SIVEN IN	PART 11		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WER	EFINDIN	IGS USED	
4	IFIC						YES NO NO		TIFYING	CAUSES	OF DEATH?	
2	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCURR				PART 2)		
//		OR CONTRIBUTING CAUSE OF DEA	UH.	M. MONTH D								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE		19	211 LOCATION						
	MEI	WHILE NOT WHILE		EET, FACTORY, OFFICE P	FARM ETC )	STREET	CITY OR I	OWN	CC	VINUY	STATE	
		AT WORK AT WORK				0 11	- 1,	37	-			
		270 I certify that (I) (this hospi saw the deceased alive an		deceased from_	05	nd that in (my) (our) opinion (	, to	7 6	. 19.3.		that (1) (we) lost	
		obove, (1) (we) (did) (did no	t) view the body	after death.			death accurred on the	dote and n				
											SICHED	
- 1		27b. SIGNATURE	Samp. L.			DEGREE	MEDICAL ST	ΔFF	2	C DATE		
		27b. SIGNATURE	rovolide	S	1	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	2	4.2	6.35	
7		276. SIGNATURE				ATTENDING PHYSICIAN	DIRECTOR PHYS	ICIAN 🗌		4.2	6.35	
/	230 B	226. SIGNATURE  226. PHYSICIAN'S NAME (14PEO  D. L. P.  URIAL, CREMATION, REMOVAL	ROVOLIS	Dis		ATTENDING PHYSICIAN	MEDICAL STA	ICIAN 🗌	Nor	4.2 , Md	6.35	
	230 B	726. SIGNATURE  726. PHYSICIAN'S NAME (HYPEO  P)  URIAL, CREMATION, REMOVAL SPECIFY)	ROVOL 17	DIS 23c1	NAME OF C	ATTENDING PHYSICIAN [ PHYSICIA	DIRECTOR PHYS  ORD Rd F	- NLLS	NOT	4.2 , Md	6.35	
	- (	226. SIGNATURE  226. PHYSICIAN'S NAME (14PEO  D. L. P.  URIAL, CREMATION, REMOVAL	ROVOLIS	DIS 23c1	NAME OF C	ATTENDING PHYSICIAN PHYSIC	ORD Rd F	a Ha	rris	4·2 , Md	6.35 21047.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If them 21 is marked or them 18 sho

Howard K. McComas III, Abingdon, Md.



DIVISION OF VITAL RECORDS, 201

FOR STATE REGISTRAR

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

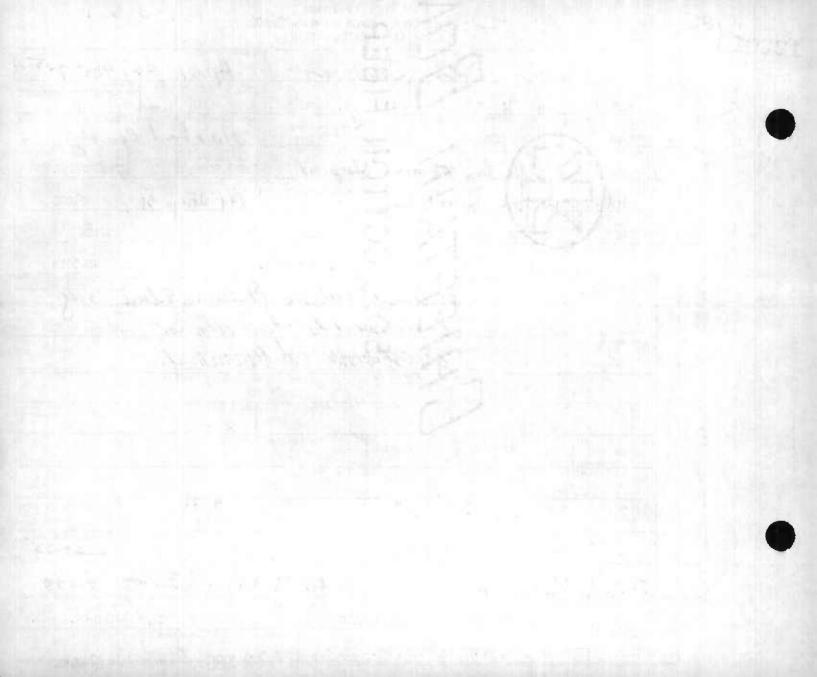
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

		EASED NAME	FIRST	1	MIDDLE		AST		20. DATE	OF DEATH	MONTH [	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	din	1	DOUL	Ja	rkce	n	1	toril	26	, 1985	1700 /
Α	3 SEX		4	RACE	25.88	5. DATE C			6. AGE (III	EARS LAST BIR		IF UNDER I YEAR	
9		MALE		WHITE		JULY	11,	1906		78	YRS	MONTHS DAYS	HOURS MIN.
1		THPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	NEVER	R MARRIED	9 BALTIM	ORE CITY O		OF DEATH	
7		OUNTRY)  MARYLANO		USA		WIDOWE		DIVORCED [	H	art	ord	Count	4 MD
6	10. CD	Y OR TOWN OF DEA	TH 1		HOSPITAL, NU	URSING HOME ( STREET ADDRESS)  MENICLE	Loso.	STITUTION : Fel	TYPE OF WO	L OCCUPATION FOR MOST OF	F WORKING LIF	E) INDUSTRY	AL PLANT
3	USUA 3a S	TATE	NG HOME OR O 13b COUNT	HER INSTITUTION.	GIVE RESIDENCE 13¢ CITY OR	BEFORE ADMISSION) TOWN	13d. INSIDE YES 🔀	CITY LIMITS?	13e STREET	ADDRESS			21078
20	H FA	THER'S NAME FIRST ANOREW		DDLE CKSON	JACK		15 MOTHE	R'S MAIDEN NA/ FIRST EDNA	ME	WIDDLE		ROUS	.st E
1		AS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORA	MANT		ADDRE	SS		
/		NO	(11 723, 3112	THE SHEET	220 01	4921	MRS.	OOROTHY R	. JACK	SON		SAME AS	
	H	18 CAUSE OF DEATH PART I. DEATH W.	(Enter only AS CAUSED IMMEDIATE	BY:	line for (0), (b	liandica	Fa	elene 1	Tuli	ung	Eden	BETWEEN 3	XIMATE INTERVAL I ONSET AND DEATH
	2	Canditions, if any, gave rise to imm cause (a), stating underlying cause	ediate g the last.	(b)	R AS A COPS	GTO DATH IN	elma Hot relati	LU /KO	INAL DISE	MASE OR CON	ol Le DITION GIV	EN IN PART 1	Ia .
1	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PER	FORMED	20a AU YES	TOPSY?	IN CERTIF	S, WERE FIND YING CAUSE S	INGS USED S OF DEATH?
T	#	71a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH			DAY YEAR	21c HOW	INJURY OCCUR			RY IN ITEM 18 P	ART 1 OR PART 2)	
	MEDIC	21d INJURY OCCURR		21e PLACE		FFICE, FARM, ETC.)	211 LOCA			CITY OR TO	wN	COUNTY	STATE
		220 I certify that (1) saw the decease abave, (1) (wg) (d	d alive an_	4-26-	*	ar	and that in (m	y) (aur) apınian	, to death accur	red on the de	ate and hav	r and fram the	, that (1) (we) last e causes stated
		22b. SIGNATURE	m h	.91	nch	nn	DEGREE	ATTENDING PHYSICIAN	MEDICA	L STAI		220 DATI	28-85
1		22d. PHYSICIAN'S NA	ME ITYPE OR	PRINT)	4.		22e ADDR					. /	,
1		IRVIN L.	WAC	hs Mr	1N		501	Union	AUE.	Hde	6,14	d. 2	1678
		URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C			C	CATION ITY OR TOWN		COUNTY	STATE
		BURIAL		30APRIL	85	ANGEL H	ILL CEM	ETERY	HAV	RE de G	RACE, H	HARFORD (	co., MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078



FOR

STATE OF MARYLAND STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

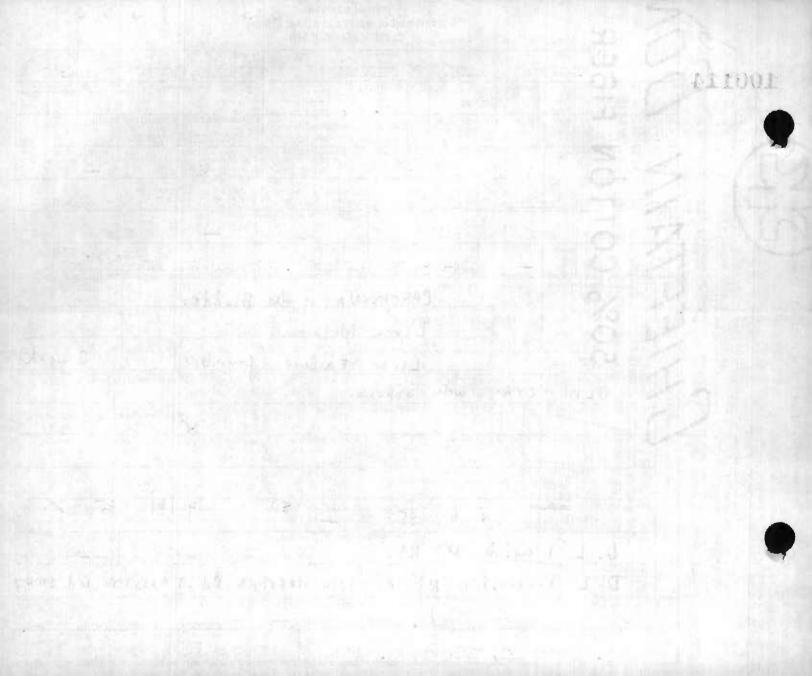
1	1-	STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	
2014		CEASED NAME FIRST CORPRINT)	MIDDLE		AST CANAL DEL	14 2	6 85 3.30Pm
or, poge	3 SE		4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY2 8	BER 16, 1984  D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	1	BALTIMORE, MD.	USA	WIDOWE	D DIVORCED	170 USUAL OCCUPATION	Arford MD.  126. KIND OF BUSINESS OR
1100	HK	ure de Graco		LHoria	Hospital	(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
124 hours of the Control of the Cont	13a. S	AL RESIDENCE (IF NURSING HOME OF	TY I ISE CUY OR	BEFORE ADMISSION) TOWN TOUCH	134, INSIDE CITY LIMITS? YES NO [	130 STREET ADDRESS / ZIP CODE	Dr. 21001
mpletel	14 FA	THER'S NAME FIRST  ROBERT	LEE JENN		15 MOTHER'S MAIDEN NAI FIRST SUSAN	WE	ESPEY
Poget /		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES GI	MED FORCES? 16b SOCIAL	SECURITY NO	17 INFORMANT SUSAN G. HARTER	ADDRESS SA	ME AS #13e
not the death centhical by the attending physical are remove corbon poly. I, contraction, or remove other traumatic event.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE 3 2 2 MMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	TE CAUSE (0) CARD	10- PUL SEQUENCE OF ER WHEL	MING INF	ARREST ECTION (MENING)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I Kr
The low requires to	CERTIFICATION	190 DATE OF OPERATION NOWE	196. CONDITION FOR W		n was performed	YES NOM Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES
4G PHYSICIAN otherdog physic ste this certifical ste buicel-train h and Merical Hyp	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR	211: HOW INJURY OCCURI	CITY OR TOWN	COUNTY STATE
OR ATTENDING on the hospital on DIRECTOR. A coched for use Dept of Heal if them 21 is many than 21 is many them 21 is many than 21 is many thad 21 is many than 21 is many than 21 is many than 21 is many tha		27a. I certify that (I) (this hasp saw the deceased alive or obove, (I) (we) (did) (did no 27b. SIGNATURE	ital) attended the deceosed f 4-26 It view the body after death.	19 85 . 01	DE GREE ATTENDING	death occurred on the date and have	that (I) (ye) lost up and from the couses stated 22c. DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be deter with the State		770. PHYSICIAN'S NAME (Type	ASTOGI		22e ADDRESS	ON AVE - HOW	redeGrace. Md
BP	23a E	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236 DATE 1MAY85		EMETERY OR CREMATORY MEMORIAL GARDENS	23d LOCATION CITY OF TOWN BEL AIR, HARFORD	CO., MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME TCHELL FUNERAL HOM	E, PA, HAVRE de	RESS GRACE, MD	1.00	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

100114

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	
ħ	I. DECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ł	(TYPE OR PRINT)  MARIO	N HILL	JOHI	NOTON	APRIL 6, 1985	4:00 A
3	3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
	Female	White	Nov.	4000	85 YR	s
1	Michigan	76 CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
1		USA	WIDOWE	DIVORCED [	Harford Coun	1110
I	Bel Air	11. NAME OF HOSPITA (IF NOT INSUCH FACILITY, 722 Idlewil	GIVE STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
I	USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b COI	OR OTHER INSTITUTION GIVE RESID		13d. INSIDE CITY LIMITS?	IJe.STREET ADDRESS / ZIP CO	ODE
61.	100 00		Air	YES X NO	722 Idlewild	Road 21040
I	FATHER'S NAME FIRST  James Re	ed Hi	LAST	IS MOTHER'S MAIDEN NA. FIRST Lena	WE	Pond. LAST
t	160 WAS DECEASED EVER IN U.S. A		TIAL SECURITY NO.		ADDRESS -	
		GIVE WAR OR DATES	-26-2574	William R. Jo	ohnston, 722 Id	lewild Road
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI	anly ane couse per line for ( SED BY: ATE CAUSE (a)	CARCIN	out of the	Bledder	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF	Metastasis	(1 mindere)	2 weeks
I	PART 2 OTHER SIGNIFICAN	(c)	TING TO DEATH BUT	NOT BELATED TO THE TERM		
1		CrA: wi	_		MINAL DISEASE OR CONDITION	GIVEN IN PART ITO
1	OLD  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
		CAIN .	NTH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)
	OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRAL  WHILE	21e PLACE OF INJUR (AT HOME STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ı		4	19 85	. 19 <b>\$0</b> ad that in (aux) (our) opinion (	death occurred on the date and h	, 19 (we) last
	22b. SICHATURE		D. P.A.		MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED 4-6-85
	D. L. P	1 4 4 4	MD. PA.	1716 HARF	ORD Rd. FAL	LSTON, Md. 21047
1	230 BURIAL, CREMATION, REMOVA	AL 23b. DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY)		L.		CITY OR TOWN	COUNTY STATE
L	Burial 24 FUNERAL DIRECTOR	April 9,198	5 St. Igna	tius Cemetery		Harford Md

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

MITCHELL FUNERAL HOME PA. HAVRE de GRACE, MO. 21078

**2MAY85** 

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BELAIR MEMORIAL GARDENS

junewaydoon-Randelle

BEL AIR, HARFORD CO., MARYLAND

COUNTY

22c DATE SIGNED

2b HOUR

12b. KIND OF BUSINESS OR

21078

FEO. GOVT.

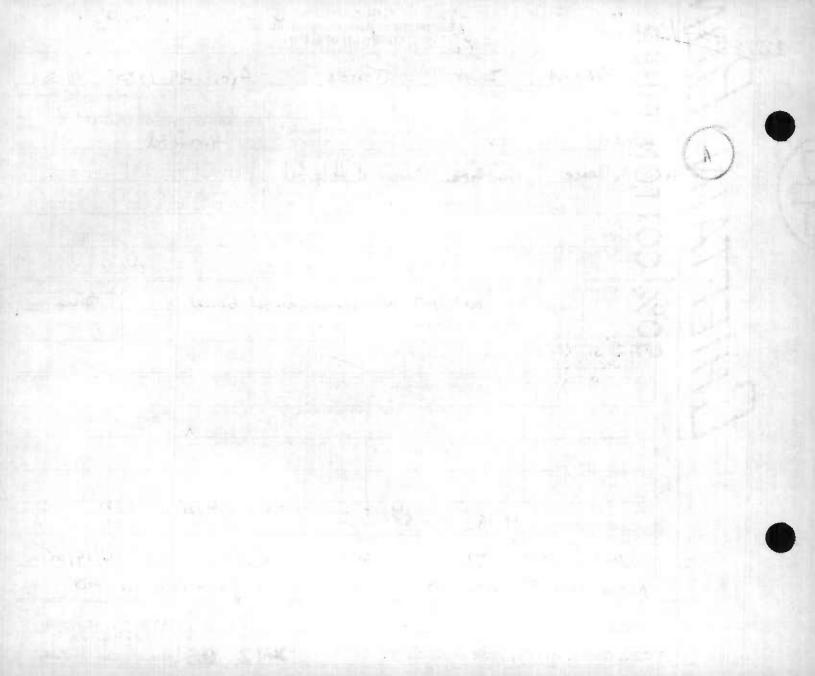
7 mo

IF LINDER I YEAR

INDUSTRY

KNIGHT

SAME AS #13e



DHMH - 16 50M 1/81 (VRA 15, 4)

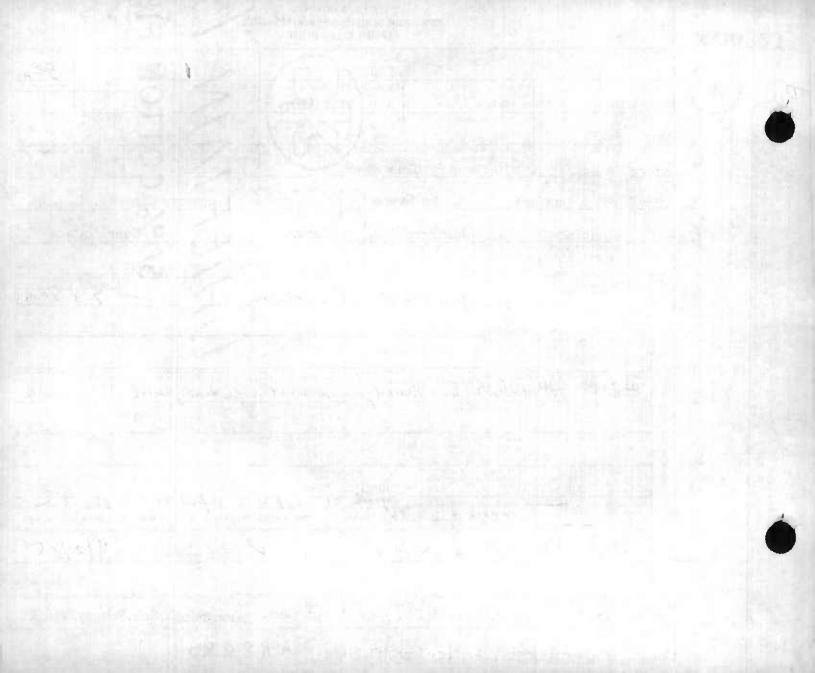
BP.

24 FUNERAL DIRECTOR Tarring Funeral Home, P.A., Aberdeen, MD, 21001-339

Apr. 22, 1985

St. Stephens Cem.

Shenandoah, Sch. Pennsylvania 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR 110083

STATE OF MARYLAND	8 3
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	,

	NE OIOTHIA								REG. NO	)				
	CEASED NAME	FIRST		MIDDLE	i i	AST		2a DATE	OF DEATH	MONTH	DAY	YEAR	2b HOL	
TYPE	OR PRINT)	PAUL	1	1	KEL	LER				4	21	85	(	744
3. SE	,	Inul	4. RACE	V.		- 1 -		A AGE II	N YEARS LAST BIR	IMP AVI	IF UNDE		IE LINDEE	IPM
3. SE			4. RACE		5. DATE C		YEAR .	I AGE II	IN TERRS EAST DIK	(	MONTHS	DATS	HOURS	MIN.
1	IALS.		(1) Hi	TS	155P	T. b	8091		1	YRS				0000
a. BI	RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	G.		9 BALTIN	ORE CITY O			ATH		
	OUNIRY)	_	11 0	0	MARRIE		MARRIED -	110	25.00	- 0		1		
	ARYLAN		0-2	- 1	WIDOWE		ONORCED [		ARFORI		onn.			MD.
10. C	TY OR TOWN OF	DEATH		HOSPITAL, NURS		OR OTHER IN	STITUTION		ORK FOR MOST O			KIND O USTRY	FBUSINI	ESS OR
1	ALLSTON	1	FALLET	ON GEI		PITAL		DR.	VSR	11041140	R	-	* Ta	- A- C
JSU	AL RESIDENCE (IF	The same of the sa	OTHER INSTITUTION			PIINA			I I don't		12	-		
130 5	TATE	136 COUN	ITY	13c. CITY OR TO		13d. INSIDE	CITY LIMITS?	13e.STREE	T ADDRESS	ZIP CO	DE	^	2100	19
	ARYLAND	HAR	TORD			YES 🗌	NO	401	1 EAST	BF	KER	HVS		
4 F A	THER'S NAME				1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15. MOTHER	S MAIDEN NA	WE	-				-	
1	FIRST	5 -	BIDDIE	KILLS	P	12	LARST	-11	WIDDLE		L	LAS'	^	
14. 3	MITTIN		WARD	I'm cocini co	CHELENSIS	12 1015 000	1	П	ADDRE	cc	U	AG	1516	_
	VAS DECEASED E		E WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17 INFORM	IANI	0	ADDRE	33				
	00			219 05	0403	1 PA	m129	1/2/00	ROS					
	IR CAUSE OF D	EATH (Enter on	v one couse ne	r line for (a), (b),	and (c)							APPROXI	MATE INTE	RVAL
	PART I. DEAT	H WAS CAUSE	Ď BY:	CANDLE		DATEK.							1619	
	Marie St.	IMMEDIAT	E CAUSE (a)	Chileson	74,00	- Allery		-	-				,	3
			DUE TO, C	R AS A CONSEC	UENCE OF	N 635								
	Conditions, if	any, which	( b)	Polal	organ	9 144	parpen	17.00				1 4	(-190	1
51	gove rise to	immediate	)						11/80-	.004			277	
	cause (a), s underlying c	tating the ause last	DUE 10, O	R AS A CONSEC	DUENCE OF						1	104	EM	rus -
			(c)											
-	PART 2 OTHER	-	_	ONTRIBUTING T		NOT RELATE	D TO THE TERM	MINAL DISE	ASE OR CON	DITION	SIVEN IN	PART 110		
CERTIFICATION		1210	BETCI	MEC	circs	***								
AT	19a DATE OF OP	ERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	20a AL	JTOPSY?		ES, WERE			
F								YES	NOU	IN CER	TIFYING (	AUSES	OF DEA	
RT	21g ACCIDENT WA	CHARGON MAIS F	216. TIME C	NE INTHURY		Tal. HOW	NUIDY OCCUP						NO [	
		CAUSE OF DEA	110110 1		DAY YEAR	ZIE. HOW	NJURY OCCUR	KED (ENTER	NATURE OF INJU	RY IN ITEM )	8 PART I OR	PART 2)		
3		MEDICAL EXAMINER		.M.	19									
MEDICAL	21d INJURY OC	CURRED		OF INJURY		211 LOCAT								
Z	WHILE NO	OT WHILE	(AT HOME ST	REET FACTORY OFFIC	E, FARM ETC )	STRE	ET		CITY OR TO	WN	CO	UNIY		STATE
		I WORK					- 01-		1/200		- 0	-(	1	
			1110	ne deceased from	C 1-	' '	. 19 85	, ta	-1700		. 19		-	we) last
	saw the play	endelladid not			ar. ar	nd that in im	(aur) apinion	death occu	rred on the do	ate and h	aur and fi	om the	couses st	ated
	226. SIGNATURE		Thew the body	diler dedili		DEGREE					22	DATE	SIGNED	,
	Mar	-fr	nau	~	A	10	ATTENDING _	MEDICA	AL STAF	F	6.9	4%	2/	Ci-
		M. Cl		0			PHYSICIAN [	DIRECTO	OR PHYSIC	IAN		1/2	110	,,
	22d PHYSICIAN					22e ADDRE	:55	160	1 110		2		11	10
	man	1445	1. 170	2029		PH	ECSOON	Occ	1 409	100	FAC	1170	)-/	ref
73n F	SURIAL, CREMATI	ON REMOVAL	123b DATE	23	NAME OF C	EMETERY OF	CREMATORY	734 10	CATION	- (				
C	SPECIFY)	O. I, KEMOVAL			0.00	L. O	M. OI	0.5	ITY OR TOWN		COUN	TY C	200	STATE
1	SURIAL	-	14.92	1985	1 loke	LAND	1 15W 12K	1. MA	RKVIL	RI	SALT	0-1	IAK	TLANG
4 FL	NERAL DIRECTO	R	0	ADDRESS	8800	^	25a. DAT	E REC'D. B	Y REGISTRAR	25b. REG	STRAR'S	SIGNATI	URE	
5.	VANSCI	HAPS 1 -	FMSC	MMR is	HARE	RA RA	XO AF	DR 27	3 400E	( " m'	David	m	Pand.	.00
1	A . 1: 17	11111	1111	1/11/19	THINT	1110 . 101	~	11-6-	I MAD			-	- food	THE STREET

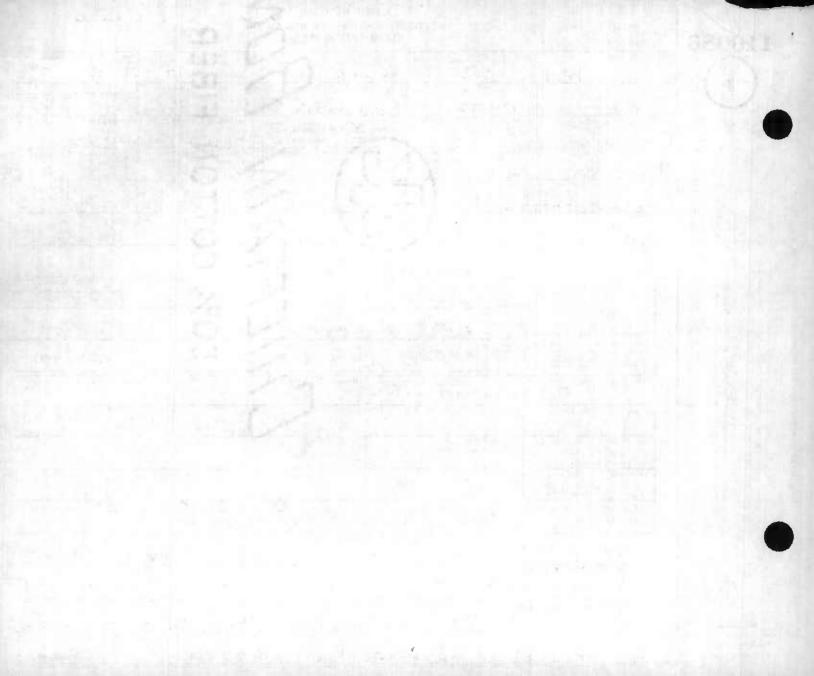
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached for use as the burial-itansit permit. Then please rewith Sine Dept. of Health and Mental Hygiene prior to burial, creating

ATTENDING

MPORTANT: If Irem 21 is marked or Ite



126034	1 - :	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE REG. 1	1 6	5 /	
m r		ASED NAME	FIRST		MIDDLE	Ł.	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
oy be		Thom	my Bo	ileau K				April 20,			2104 P M
frer of	3 SEX			America	n 2	5. DATE C		6 AGE (IN YEARS LAST B		FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
oge ours o	Ma			The state of the s			ber 18,1966	444	19 YRS.		100
th. Po	/ 00	HPLACE (STATE OR	FOREIGN				NEVER MARRIED	9 BALTIMOREXXXXXXXCOUNTY OF DEATH			
deor deor		egon	711	United		WIDOWE	D DNORCED D	Harford	MD. OF BUSINESS OR		
The The		OR TOWN OF DE	AIH	(IF NOT IN SUI	CH FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOST		INDUSTRY	
ours of		erdeen RESIDENCE (IF NUR	ING HOME O		d Bouleva	ADMISSIONI		Soldier		US Ar	my
AND 2	13a. ST. <b>Ma</b>	ryland	Hari	NIY	Aberdeer	YES X NO		Maryland		ard	0/
MARY MARY		HER'S NAME FIRST  V1 (NMN)	Keo	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST  Crystal (unl		eau	LA!	ST
ond Pages		AS DECEASED EVER S, NO OR UNKNOWN)	1 DE VES OU	MED FORCES? VE WAR OR DATES)	540-84-2		Kirk US Arm	y Health Cl	inic,	Aberde	≥n
STON ST., BALTI eath certificate b trending physicia ve corbon papers. ion, or removal. iumotic event, the	7	8 CAUSE OF DEAT PART I. DEATH V	H (Enter o	alv one cours ne		dicil		unu, maryta	na		ONSET AND DEATH
N ST cert ding or rer fic ev		8197	IMMEDIA		R AS A CONSEQUI						
STO feeth feeth ve co ion, oumo		Conditions, if ony	, which	( (b)	K AS A CONSECUI	ENCE OF					
the of the of remoternation		gove rise to im-	mediate	DUE TO, C	R AS A CONSEQU	ENCE OF				N. A. ST	
thor the by the cose remains of, crem		underlying couse	last.	(c)_						1	
RDS, 201 requires 18 requires 18 Then plea r to burio injury, or		PART 2. OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVE	EN IN PART 1	0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed.  When this certificate has been signed by the oftending physician and small be fill to as the buriol-transit permit. Then please remove corbon-papers. Pages, while inheall the and Memiol Hygiene prior to buriol, cremation, or removal.  Released by medical Examiner	CERTIFICATION	9a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES ▼ NO□	IN CERTIFY	, WERE FINDI	
VITA hysicia fronsit Hygin 1890	E E	10. ACCIDENT WAS UN		21b. TIME C	FINJURY X. MONTH D	AV VEAD	21c. HOW INJURY OCCUR		IURY IN ITEM 18, P	ART I OR PART 2)	
SICIAN: Ing physical	CAL	OR CONTRIBUTING			M. April	20 198	Motor Vel	hicle Accid	ent.		
HYS and in din din din din din din din din di	MEDICAL	114 INJURY OCCUR		21e PLACE	OF INJURY	ARM. ETC.)	211 LOCATION STREET	CATH OR S	COMP	COUNTY	STATE
DIVISIO DIVISIO Offer this os the bo in ond M	1	WHILE NOT W	HILE X	Stre	et		Maryland Bo	ulevard Mar	rdeen	Harto	Ground,
Se A		220.1 certify that (1					, 19	, to	, ,	19	that (I) (we) lost
R ATTE hospin RECTO ned for ppt. of		ob (I) (vel)	ed alive ai	(bt) view the body	after death.	, ar	nd that in (my) (aur) apinion	death occurred on the	dote and hour		
OR DEP	1	10 0	A	//	20 2)	na	ATTENDING	MEDICAL ST.	AFF	22c DATE	
by the by the by the by the by the bed by th	1	III. PHYSICIAN'S N	KAAF LIVE	OR PRINT!	XS, 1	111	/ PHYSICIAN	DIRECTOR PHYS	ICIAN X	1 20 F	April 198
O HOSPIT  O FUNER  hould be a  with the Ste	1	LEE E. RI		/	ic	(	Kirk US Army Proving Gro	y Health Cl und Maryla	inic, and 210	Aberdee	n
7 5 5 42 3 4	230 BU	RIAL, CREMATION	REMOVA	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE
BP	Bu	irial		April/	27/85 Red	Lake	e Cemetery	Worm Snr	ings.	- 0:	regon
DHMH-16 30M 2/80 (VRA 15, 4)	-11	NERAL DIRECTOR			ADDRESS		MA FIELD	TE REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGNAT	PREPE
(YNA 13, 4)	Cha	mbers Fu	eral	Home R	verdale.	Mary.	Land AFR	LEDGE BROOM	Time		

3 30.75	2892 Min Thomas		not useffed you	alt III
		î malata	mnojramj mošina	alsi
	2137427	25	wist2 hatimi	1 1 4 5 1
_ v.m.A. 201	Soldier	Man di	and beatwest	#Eardeon
b	evalue   busives		god" Imphreli	Marydond
	uneffel (meanion) is		0.2%	(mil) ival
	US Army Health Dinic. A		-000 M ou2 81	204
41	AV.	ole Treuma 2 '	HILM	
	×			
	tor Vehicle Accident	41 20 BE M	Ady Logs XX	X
	and Pouleverd, Cardeel Are	Fyre"	†95%†? X	
26 40112	2			
	US Aprov Health Chinic Conce	441 1 "VOY"	IPEFS, CUT, IC	LEE E. P
1/02=11	· Control of the control	eto, gratilati	7\7\40-J	alvest.

APPROXIMATE INTERVAL Atherosclerotic cardiovascular BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (a) disease with peripheral vascular disease Years Years Years History of 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) Stote County 22a. I certify that (I) (this toxpital) attended the deceased from Aug. 17, 1983, to Present, 19,, that (I) (see) last saw the deceased alive an April 18, 185, and that in (my) (sec) apinion death accurred an the date and haur and from the 22c. DATE SIGNED 4/25/85 1716 Harford Road Fallston, Md. 21047 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 4/27/85 Slate Ridge Cemeterv Peachbottom Twp. York, PA 25) CRECT BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE DATE John H. Harkins 600 Main Street Delta. PA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL TYGIENE

2b. HOUR

IF UNDER 24 HRS.

HOURS

Church

7: 50 PM

1985

IF UNDER 1 YEAR

DAYS MONTHS

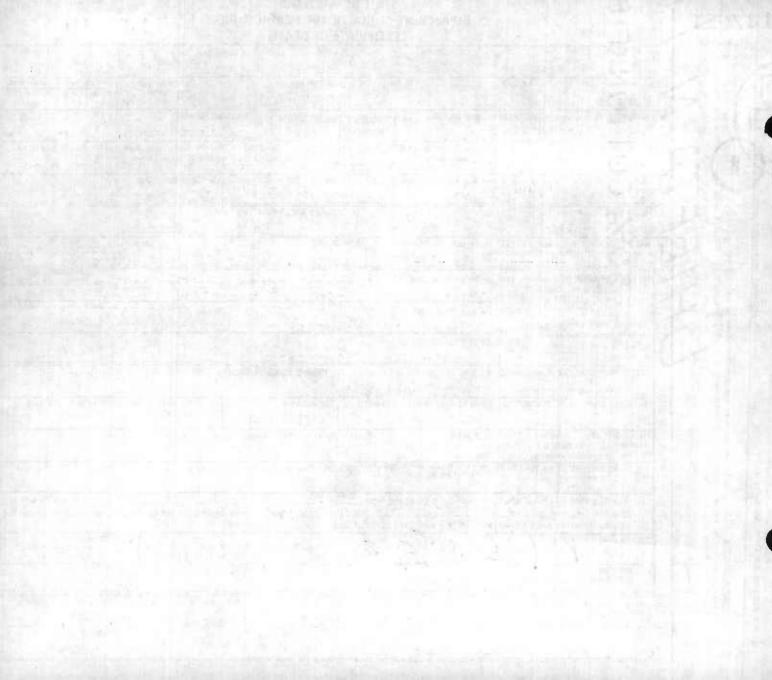
12b. KIND OF BUSINESS OR

Own Home

Greencastle, PA

0 DHMH - 16 3/72 25M (VR A15 (4))

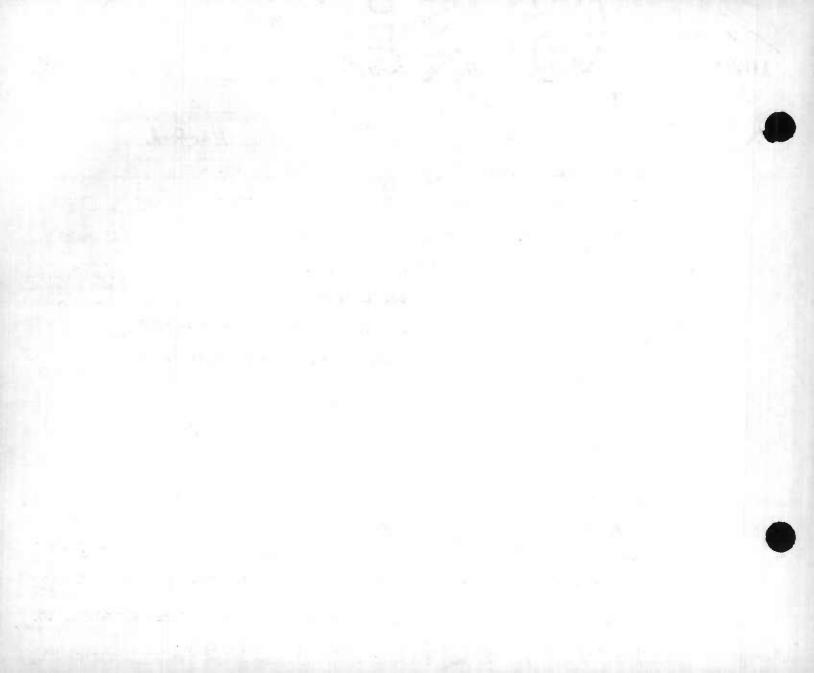
127017



MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

- ne new ason- Handell

(VRA 15, 4)



106075	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRAR  STATE CERTIFICATE OF DEATH  REG. NO.
in 24 hours ofter death. Page 4 may be in 24 hours ofter death. Page 4 may be should be filed within 72 hours effect death.	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25. HOUR PRINT)  FROM G. 1. S. DATE OF BIRTH DAY YEAR 1. S. DATE OF DEATH DAY YEAR 1. S. DATE OF
executed with	Julian Rutkowski Bentha Polanowska MDDLE Rutkowski Bentha Polanowska ADDRESS 21087  (14 YES, NO OR UNIKNOWN) (14 YES, GIVE WAR OR DATES) 218-14-69948 Eugene Kurowski 900 Louis Lane Kingsvil
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rathereding physician and completes that been signed by the attending physician and completes tilline is as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 includes the notan Americal Hygiene prior to buriol, cremotion, or removal.	18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 100  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS  TREUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
TAL OR ATTEND y the hospital or RAL DIRECTOR: A detached for use fore Dept of Heal	196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY? YES NO CERTIFYING CAUSES OF DEATH YES NO CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED WHILE NOT WHILE
TO HOSPI retoined b TO FUNE should be with the S	BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) BURIAL 4-8-85 HOLY ROSERY (PM) BULLO MA. STATE  1. FUNERAL DIRECTOR
DHMH - 16 50M 4/83	John M. Weber & Sons Inc. 400 PRESS. Chesten St.

admin forther ston Indian formed topping thousands Y ... The state of the s during the total and the section of the donn .. when a was me, Hel S. Master Mr.

MI	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH		1 6 (	5
106008		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEAT	H MONTH DAY	YEAR 26. HOUR
by be oge 3 death	(TYPE	MAGGIE	E. K	URTZ		4 -	6-85	8-35amm
ğ	3 SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY) IF UN	DER LYEAR IF UNDER 24 HRS.
ge 4		Female	White	Marc		88	YRS.	15 DATS HOURS MIN.
orth. Pogrerol directory 172 hours		RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUN	MARRI WIDOW	ED NEVER MARRIED	9 BALTIMORE CIT	Y <u>OR</u> COUNTY OF I	DEATH
ofter de	io c	TY OR TOWN OF DEATH  AVRE—DE—GRACE	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE CITIZENS NUI	URSING HOME STREET ADDRESS)		120 USUAL OCCUI (TYPE OF WORK FOR MY HOUSEW	OST OF WORKING LIFE) IN	26. KIND OF BUSINESS OR NDUSTRY
nin 24 havrs ly filled in b shauld be fil	USU 130	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION. GIVE RESIDENCE JNTY 13c. CITY OR	BEFORE ADMISSION	13d INSIDE CITY LIMIT	S? 13e. STREET ADDRE		venue 21078
omplete ond 2		William	S. Hers	hey	Annie	A IDD		Noss
be execut on and co	(	VAS DECEASED EVER IN U.S. A yes, no or unknown) (14 yes, c NO	SIVE WAR OR DATES)	SECURITY NO. 2-4199	William D.	Smith Hav	Press South Un Tre de Grad	ion Avenue ce, Md. 21078
equires that the death certifical in signed by the attending physis. Then please remove carbon paper to burial, cremation, ar removaliquy, or other traumotic event,	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSTITUTION	21/0/2	The Survey of The Thornes of The Tho	LUNG TERMINAL DISEASE OR C	SULL ONDIT OF GIVEN IN	N PART 1(o)
on. hos bee t permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATH	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH? NO
HYSICIAN: The adding physicion in sectrificate I burial-transit I Mental Hygies ar Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF T	HOUR A.M. MONTH	19	21c. HOW INJURY OC	CURRED (ENTER NATURE OF		OR PART 2)  COUNTY STATE
HOSPITAL OR ATTENDING PINEAL DIRECTOR: after the blub be detached for use as the the State Dept. of Health and ORTANT: If Hern 21 is marked	W	sow the deceased alive to obove, (1) (we) (did rund 1) 22b. SIGNATURE	pital) attended the deceased for any of view the body also death.	rom	DEGREE	nion death accurred on th	1919	, that (I) (we) lost
TO HOSPITA retoined by TO FUNER should be d with the Sto		BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	April 10,198		CEMETERY OR CREMATO	FILL OF TOW	Prky a YKOK	JAN PANSYIV an
DHMH-16 30M 2/80 (VRA 15, 4)	24 E	UNERAL DIRECTOR		RESS	250		AR ISE REGISTRAR	

ADDRESS son & Son Perryville, Maryland

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STATE     REGISTRAR	CERTIFICATE OF DEATH
REGISTRAR	

NE

and .		NEO TOTAL				REG. NO.		
)		CEASED NAME FIRST	MIDDLE		LASI	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	- Period		JRA McC	OMAS	LEE	April	15 1985	10.
1	1.563		4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-					MONTH DAY YEAR	1000	MONTHS DATS	HOURS MIN.
120	17	temale	White	A	ug. 4, 1915	69 YRS		
El.		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT	COUNTRY? 8	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	Y OF DEATH	
$P^{(i)}$	,	MD	USA		OWED X DIVORCED	1	artord	Co
1	10 CI	ITY OR TOWN OF DEATH			OME OR OTHER INSTITUTION	120 USUAL OCCUPATION		BUSINESS OR
1	11	1 8 -		ITY, GIVE STREET ADDRES		TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	
W	190	wre de Grace	Hartond	Meteor	al Hospital	Postmaster	U.S	Gov't.
1/	USUA	AL RESIDENCE (IF NURSING HOME OF		SIDENCE BEFORE ADMIS		In street Appress / 710 CO	DE.	
S	100	ud Ila	ford P	LITU MAN	YES NO 60	13e.STREET ADDRESS / ZIP CO		21130
100	14 FA	ATHER'S NAME	101.10	Ci i di meda	15. MOTHER'S MAIDEN NA	10 0110	(D) ICIC:	
Un.		FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
1/		Howard		<b>VicComas</b>		М.	R	eiger_
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b S	SOCIAL SECURITY I	NO. 17 INFORMANT	ADDRESS		
/	,	No	2	16-44-90	96 Miss Laur	ra Ann Lee.	Same	
		LIN CALLES OF DEATH .				1 . 1		ATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY	or or or and	2 1	1:1- +	BETWEEN O	NSET AND DEATH
		IMMEDIA	TE CAUSE (d)	uno,	regocarona	e ingarere	~	
			DUE TO OR-AS	CONSEQUENCE	OF, D	- 1		
		Canditians, if any, which	( P/F	- Ken	y colleton	of for CAT	The Real Property	
		gave rise to immediate cause (a), stating the	}			1-0	7.85	
		underlying cause last	DUE TO OR AS	CONSEQUENCE	OF			
			(c)					
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION O	IVEN IN PART Tra	
	TION							
1	CA	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPER	RATION WAS PERFORMED		ES, WERE FINDIN	
$\times$	1						YES	NO [
0	8	210. ACCIDENT WAS UNDERLYING				RED (ENTER NATURE OF INJURY IN ITEM )	PART I OR PART 2)	
A	7	OR CONTRIBUTING CAUSE OF DE	ALIN .	MONTH DAY Y				
	2	(IF EITHER, NOTIFY MEDICAL EXAMINE			211 LOCATION			
1	MEDI	21d INJURY OCCURRED	21e PLACE OF IN	JURY CTORY, OFFICE, FARM, ET		CITY OR TOWN	COUNTY	STATE
	-	NOT WHILE AT WORK			111			
		220.1 certify that (1) (this hasp	ital) attended the dec	eased fram	4-8 19 85	10 4-15	, 19 85, 1	nat (I) (we) last
		saw the deceased alive an	4-15	19 85	_, and that in (my) (aur) apinian	death accurred an the date and he	our and fram the	auses stated
		abave, (Mwe) (did) (did no	it) view the bady after	death.	DEGREE		122/DATES	DENSE
	15	10.0	U		ATTENDING	/ MEDICAL STAFF	2/1/	10
-		Buns	fun		PHYSICIAN [	THECTOR PHYSICIAN	1000	13
	30	220 PHYSICIAN'S NAME THE	OR RINT)	,	22e ADDRESS TAL	we de Una	11	1
		DUN	10 XU	4/	0100	The factor	4, m	el
	23n P	BURIAL, CREMATION, REMOVAL	23b. DATE	1234 NAME	OF CEMETERY OR CREMATORY	23d LOCATION		
3	(	(SPECIFY)				CITY OR TOWN	COUNTY	CO STATE AFT
	-	Burial	4/18/8		sutia Cemetery		Harford	
/84	24 FU	UNERAL DIRECTOR Henry	W. Jenk	ins & So	ns Co. 250. DA	TE REC'D. BY REGISTRAR 256 REGI		RE
	4	1905 York Roa	d Balto.	. MD	21212	K 1 6 1985 Felix	Sairidan 18	ndato.
				Y ==				Can I

DHMH - 16 60M 7 (VRA 15, 4)

W Services English St. JULEAU AND LAND LONG LONG LONG 187.65 Sparish Carretary Parryman, Harriand Co., MB Hammy W. Jarwins & Same Co.
JECO York Road (Ballot, NO 21212)

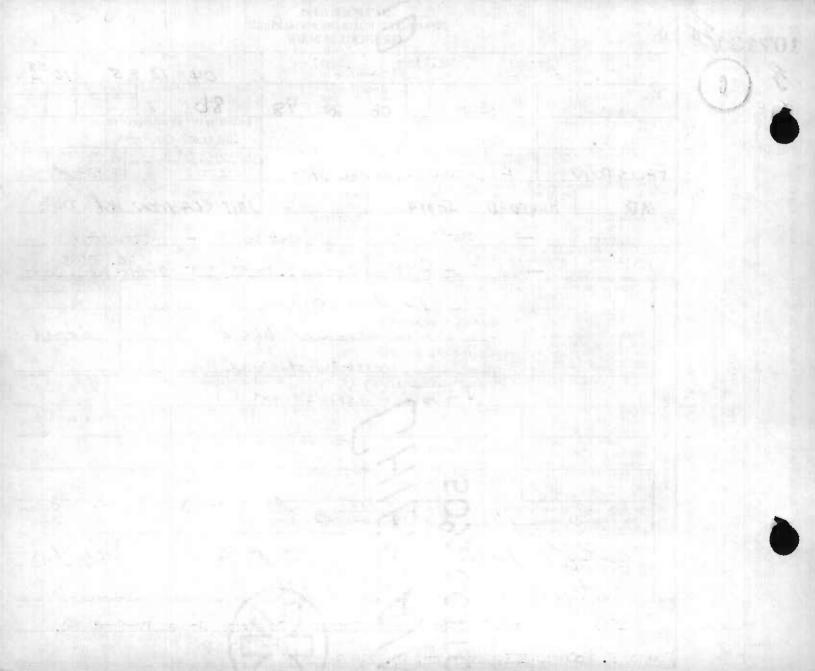
Chambers Funeral Home Riverdale, Maryland

(VR A 15 (4) ) 9/74

1995 JOS 141 1 1995 Schafer 'navafud nasfyra't s' nabbraid Systema has ives replication brother that the Investil Section Section Intitle (manual) battle bestweet house antwert of - and to us the 1921 April 20, 1985 Potor Vehicle Accident Street Province Original Street Province Original Street 20 April 1985 Light 15 Juny Healthoff today, Theydenn Treeving Pround, Langland, Alfole-131

Bushes, afternoon of the control of the control of

10713	1-	FOR STATE REGISTRAR			DEPART	MENT OF HE	OF MARYLA ALTH AND M CATE OF D	IENTAL HYG	IENE	REG. N	10.	0 6 4	
18 005		CEASED NAME OR PRINT)	Georg	ge '	Willi.	m/1412	Marll		20. DATE C	04	13 ·	DAY YEAR	26. HOUR 10 58 M
	3. SE		4. R	RACE Whi	te	S. DATE OF	BIRTH	79		8 6		MONTHS DATS	HOURS MIN.
2 10 .01	7a. BI	RTHPLACE (STATE OR FO	REIGN 7h		WHAT COUNTRY?	06	40				YRS.	Y OF DEATH	1
4 32 8	_ (	OUNTRY)					NEVER M			rford			
8 34 40	_	ppa, Md.	TH 11.	USA NAME OF I	HOSPITAL, NURSII	WIDOWED		ORCED		OCCUPAT			DF BUSINESS OR
10 10 10 10 10 10	F	ALLS TO N		FALL	STON L	ADDRESS)	he	105		ORK FOR MOST			
2 2 27	USU/ 13a. S	AL RESIDENCE (IF NURSIN	IG HOME OR OTH	ER INSTITUTION.	GIVE RESIDENCE BEFOR		13d. INSIDE CI	TY LIMITS?	13e. STREE	ADDRESS			
2 2 11 10		MD	HADE	COAD	JO PPA			NO 🕡	1211	CLA	Ym	Ad	21085
4 12 10	14. FA	THER'S NAME	1000				15. MOTHER'S		ΜE				
4 1 11 /4/		George	MIDE		Marll	74		Katheri	ne	MIDDLE	E	œrtsch	hock
# 8-1-	16a. V	VAS DECEAȘED EVER II	U.S. ARMEI	D FORCES?	166. SOCIAL SEC	JRITY NO.	17 INFORMAN		110	ADDR	ESS		
0 0 0 0 1		(ES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	705-09-7	110	Charal a	- T M		1011	01	Md. 210	285_
5 1 1 1	=n						Charle	S L. M	arii,	1211	Clay	CON ROAC	I Joppa
By Copy of the state of the sta	163	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED B	ine cause <b>pe</b> r Y:		Λ						BETWEEN	ONSET AND DEATH
E 00000	100	1	MMEDIATE C	AUSE (a)		moun	er 0	1-na,7					
NO 6 STORY	3			DUE TO, O	R AS A CONSEQU	ENCE OF				0			,
B 6 454 9		Canditians, if any,		(b)		MERA	chance	al b	1-00	/		4	day-
4 4 4 1 1 1		gave rise to imme cause (a), stating	the	DUE TO, O	R AS A CONSEQU	ENCE OF							
toth coth		underlying cause	last.	(c)		was	certon	dre	oure-				
S a part o		PART 2 OTHER SIGN	FICANT CON	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	OT RELATED	TO THE TERM	INAL DISEA	SE OR CON	IDITION G	IVEN IN PART 1	(a)
O STATE	CERTIFICATION				A Thron	1 K	shesll.	at you	1				
8 1 11177	TA	190 DATE OF OPERATI	ON	196. COND	TION FOR WHICH	OPERATION			20a AU	OPSY?	20b. IF YE	S, WERE FINDI	NGS USED
2 2117	Ē								YES 🗔	NOU	1	IFYING CAUSES	NO
VIII N. S.	2	21a. ACCIDENT WAS UNDE	RLYING	216. TIME O			21c. HOW INJ	URY OCCURR	ED (ENTER	_		PART 1 OR PART 2)	
OF V  CIAN  Entitie  entitie  iol-tre  ntol h  ren 18		OR CONTRIBUTING C			M. MONTH D								
YSK ding ding s cer s cer men r he	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF IN ILIRY	19	21f. LOCATIO	N					
DIVISION OF VIT NO PHYSICIAN: offending physis (fret this certifical os the buriol-from th and Mental Hy, orked or frem 18 s	WE	WHILE NOT WHILE	E 🗍 3.		REET, FACTORY, OFFICE,	FARM, ETC )	STREET			CITY OR TO	OWN	COUNTY	STATE
A A S A S B S B S B S B S B S B S B S B		22a.1 certify that				4)	11	19 85	, ta	T/13		19	that Q(we) last
TTE prito prito of the of the set the		saw the decease abave, (e-fwe) di	did nat) vi	ew the bady	after death.	on and	that in my	aur) apinian d	death accur	red an the d	late and ha	ur and fram the	causes stated
OR A bose hos ched ched Dept.		226. SIGNATURE	1)			D	EGREE				100	22c. DATE	SIGNED
		(1)	131	11	1			HYSICIAN D	MEDICA	R PHYSIC		RA	4 25
SPIT ANI	1	22d. PHYSICIAN'S N	ME THE OR PR	INT)			22e ADDRESS		JUNESTO		Ç1,K.1.	1000	h/ g ·
S F G C C C	(	H	4-8-9				7	GM					
TO He should with I we had	22- 5	UIDIAL CREMATION	12130		1 92	NAME OF CE	METERY OR C	DEMAYORY	123d, LOC	IACUTA-			
		SURIAL, CREMATION, R		36. DATE					CI	Y OR TOWN		COUNTY	STATE
BP	04.5	Burial	A	oril l	6,1985 T	inity	Luther	an Cem	etery	. Jopr			Md.
DHMH - 16 50M 4/B2		UNERAL DIRECTOR			ADDRESS			1'APR	KEC D-BY	1005		TRAR'S SIGNA	
(VRA 15, 4)	Но	ward K. McC	Comas 1	III, A	oingdon,	Md. 2	L009		1	1000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,



# FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE

1	- 1	4	0	-

7		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D.		
1		CEASED NAME OR PRINT)	Luc	cille	helia	ia	McCann McCann	20 DATE O	ADCI	MONTH E	1985	3: 30 M
)	3. SE	X	1	RACE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. DATE C		6 AGE (IN	YEARS LEST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
45	F	emale		White		Jan.	31, 1914	71		YRS	ON HS DATS	HOURS MIN.
79	7a BI	RTHPLACE (STATE OR FOR	REIGN 7	CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	ORE CITY O	R COUNTY	OF DEATH	
10	-	rth Carolin			SA	WIDOWE			Hart	ora		MD.
6	Ho		ace	Har for	I Mema	DV ( of	HOSPI tal		OCCUPAT <b>/</b> C rk for most of <b>ler</b>			F BUSINESS OR
8	13a. S		g home or o 3b COUNT larfor	Υ	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Bel Air		13d INSIDE CITY LIMITS? YES NO K	13e STREET 851	ADDRESS /	ZIP CODE 1 Road	1 21	014
2/1	14. FA	ATHER'S NAME	M	IDDLE	LAST	M- 1	15 MOTHER'S MAIDEN NA	ME	MIDDLE		LAS	
U		Martin	Luth		Gentry		Etter		_		Fruitt	
1		VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE	SS	243	33
-		no			218-03-3	980	Edith C.Choa	ite, Rt	2, B	ox 236		X.Va.
7	CERTIFICATION	Canditions, if ony, y gave rise to imme couse (0), stating underlying cause  PART 2 OTHER SIGNII  19a DATE OF OPERATION	ediate the last.	(c) ONDITIONS <u>CO</u>		EATH BUT	NOT RELATED TO THE TERM	20a AUT		20b. IF YES	, WERE FINDIN	IGS USED
7		210 ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEATI	21b TIME OF HOUR A.M	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE					NO []
	MEDICAL	21d. IN JURY OCCURRE  WHITE NOT WHITE AT WORK		21e PLACE C	OF INJURY EET FACTORY, OFFICE, F	ARM ETC }	21f LOCATION STREET		CITY OR TON	WN	COUNTY	STATE
1		220-1 certify that (1) (t saw the deceased abave, (1) (we) (dic 22b. SIGNATURE 22d PHYSICIAN'S NAM	alive an_d) (did nate	view the bady	11 19		2 9 19 85 nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL	STAF	F		
	22 0	IAN D			LVILLE					MRE	DE 61	YACE
		SURIAL, CREMATION, RE	EMOVAL	23b DATE			EMETERY OR CREMATORY		ORTOWN		COUNTY	STATE
	24 FL	Cremation  JNERAL DIRECTOR		April 1	3,1985 C	ratin	-Ferris Crema	EREC D. BY	Ches	ter (	hester	Pa.
34		Howard K. M	icComa	s III,	Abingdon	, Md.	21000	154			ida D	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

en any injury, ar ather traumatic event, the

Marian de lette de la companya del companya del companya de la com

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 26. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) Ellwood LEVERING 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MALE WHITE OCTOBER 13, 1895 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 74 BIRTHPLACE ISTATE OR FOREIGN MARRIED X NEVER MARRIED COUNTRY MARYLAND CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAURE (RET) TOOL/DYE MAKER FEO GOVT(EOGEWOOD USUAL RESIDENCE IF MY 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 610 NORTH ADAMS STREET 21078 HARFORD HAVRE de GRACE YES X NO [ 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE THOMAS McCOULLOUGH ANNA CROUCH WILLIAM **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT E. L. McCULLOUGH, JR. 123 WEBBER STREET HdG, MD.21078 213 18 3763 NO II. CAUSE OF DEATH Enter only one course pe PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE IN

Conditions, if any, which couse (a), stating the DUE TO underlying couse DEATH BUT NOT RELATED TO THE TARMINAL DISEASE OR CONDITION GIVEN IN PART LIG

Na. DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 29s AUTOPSYT 20b IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOW TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18 FART 1 OR FART 2 71s. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING C CAUSE OF DEATH (WEITHER NOTEY MIDICALEXAMINATE) 714 INJURY OCCURRED JIN PLACE OF INJURY

22st certify that (I) this haspital) attentied the decrased from

ZIF LOCATION

COUNTR State

and that in (my) (our) apinion death occurred on the date and hour and from the couses stated

DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN

22e ADDRESS

CITY DETOWN

231. NAME OF CEMETERY OR CREMATORY 23b. DATE

LAT HOME STREET FACTORY OFFICE ABOVE BY

23d LOCATION

CITY OR TOWN

BURIAL 24 FUNERAL DIRECTOR

NOT WHILE IT

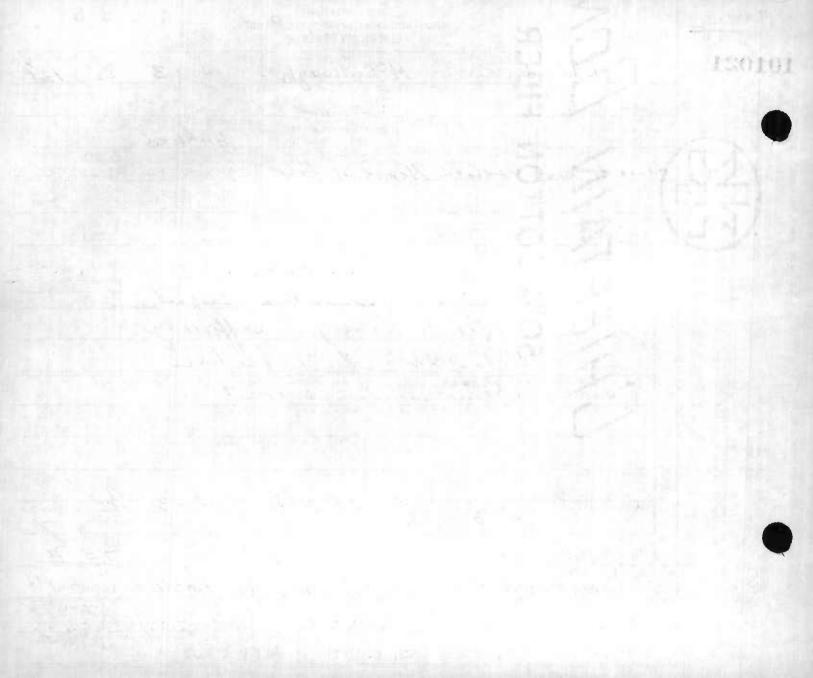
ANGEL HILL CEMETERY

HAVRE de GRACE, HARFORD CO., 250. DATE REC'D. BY REGISTRAR 258: REGISTRAR SIGNATURE ADD Q 4005

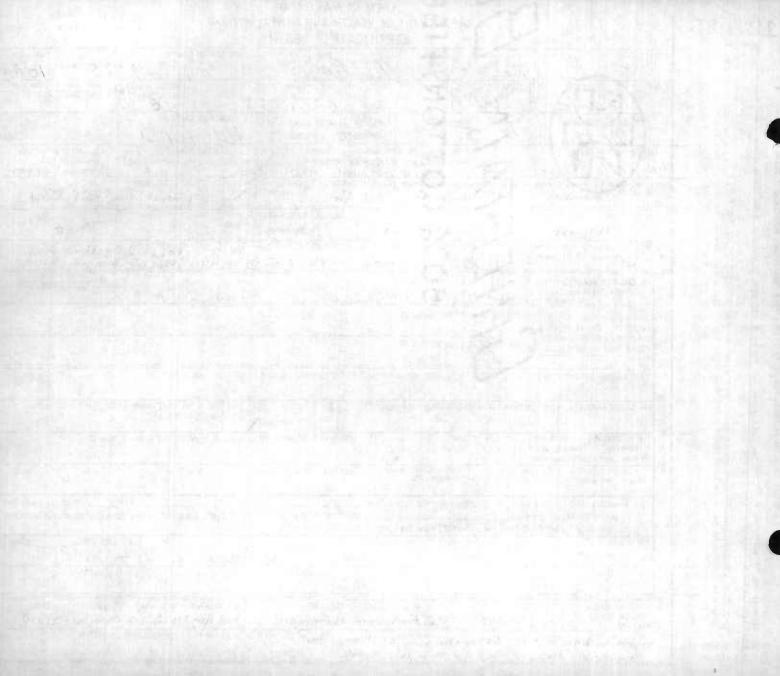
DHMH - 16 60M 7/84 (VRA 15, 4)

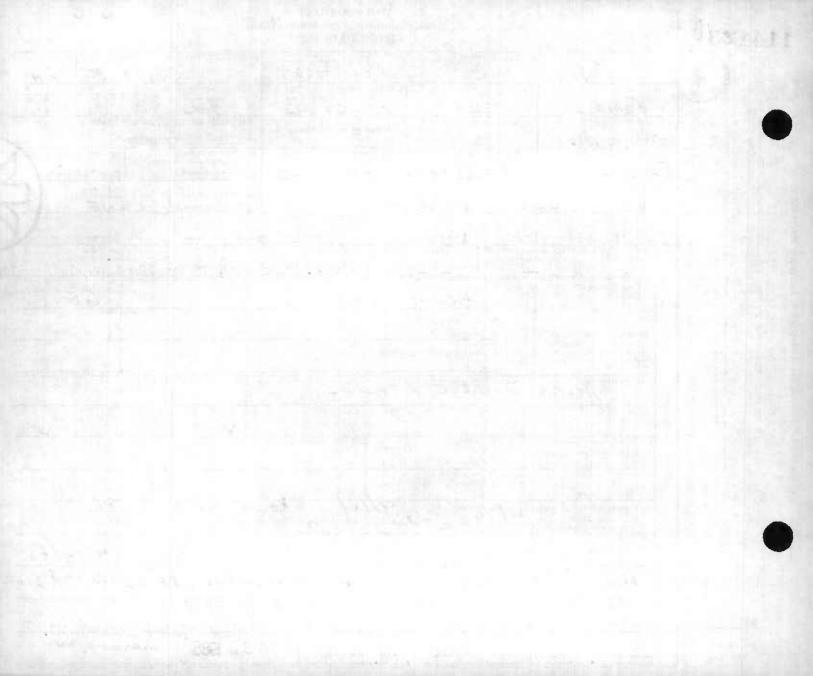
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078

6APRIL85



	100	1	STATE OF MARYLAND	1
1	27025		DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
			CERTIFICATE OF DEATH	
	op op o		DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
	E 8. 2		(Type or print) (IIIAN) A. Michaud 4 Month 27 Doy 85	Teor 10 A.
_	Story Story	3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 776) IF UNDITION MONTHS	ER 1 YEAR IE UNDER 24 HRS.
3	8 9		Female White 8-19-08 lost birthbey) (18 MONTHS	DAYS HOURS MIN.
-	the sale		6. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
•	1320	(0	OUNTRY) MASS. U.S. WIDOWED DIVORCED HARTOND	M
	200	10.	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b.	. KIND OF BUSINESS OR
201	2 237	1/	HAURE de Grace give street oddress) Brevin NSG Home during most of working life, even if retired.) IND	OUSTRY KEEPET
0 21	F 03 %	13	30. HISHAL RESIDENCE (Where deceased lived, if institution: Residence before 1.13c. CITY OR TOWN 1.13d, INSIDE CITY LIMITS? 1.13e. STREET AND NUMBER	21.0111
MARYLAND 2120	是 作品的	00	dmission) STATE Margland 13b COUNTY Harford Co. BEL Air YES NO X 101 EAST MARPIN	Ail Kond
ARY	1 2/	14	4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
	pa ld sign	4		PAGE
BALTIMORE	D S C		60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or doles of service) (Yes, no, or unknown) (If yes give war or doles of service)	Phail Road
1	8 5 k		(Tes, no, or unknown) (1 yes give war or oblies or service) 020-26-80434. Mr. 7hilip J. Mich Aud BEI Air Mar	21017
*	DO DO		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
Ħ,	ng physie carban		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute Coupetive Heart tailure.	
STREET,	ng l		DUE TO, OR AS A CONSEQUENCE OF	
8	death attendi		(onditions, if ony, which gove )	
PRESTON	atter atter al, an		rise to immediate couse (a).  stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	the lease mava		lost. (c)	
301 W.	that d by hen pl ar ren		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
8		2	2	
RDS,	een signe permit. Tl ematian,	7	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
53	9 0 9	Tight.	YES NO CAUSES OF DEATH?	
× ×	6		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18	3.)
Y.	The It	1 3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor  (If either, notify medical examiner) P.M. 19  2.1d INJURY OCCUPPED 1216 PLACE OF INJURY (AT HOME FARM STREET, EACTORY) 21f LOCATION Street or R.F.D. No. (ity or Town Court	
DIVISION OF VITAL RECORDS,	AN: ng p hifica burne r to	ME		nty Stote
NO	SICI cer cer the prio		While Not while of work of work	
N N	PHT off		220. I certify that (1) (this haspital) attended the deceased fram, 19, to, 19	_, that (I) (we) lo:
0	l or ler use ygre		sow the deceased olive on	d haur and fram th
	ATTENDING haspital ar FOR: After ed far use ental Hygie		226. SIGNATURE. 226. SIGNATURE.	ICNED
	or ATT  the has  DIRECTOR  detached  and Mente		DEGREE PHYS. DEGREE PHYS. DIRECTOR P	7/8
	y the had DIRECTO	1	22d PHYSICIAN'S 22e. ADDRESS	700
	TAL Dy AL C		NAME (Type)	
	retained by O FUNERAL I Should be of Health o	22	30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	unty) (Stote)
	o Fu short	23	REMOVAL (Specify) April 29,1985 BEL Air MEmorial Gardens Bel Air, Harbord Co. Mare	
	F	24	44. FUNERAL DIRECTOR TOTAL SO WEATHER SO WELL	TURE
D	HMH - 16 3/72 25	M	Jonesoph William toster So West Broadway & Collins Soller	
	(VR A15 (4))		Limbertaine severe . 1354 Mil. mandined and	THE REAL PROPERTY.

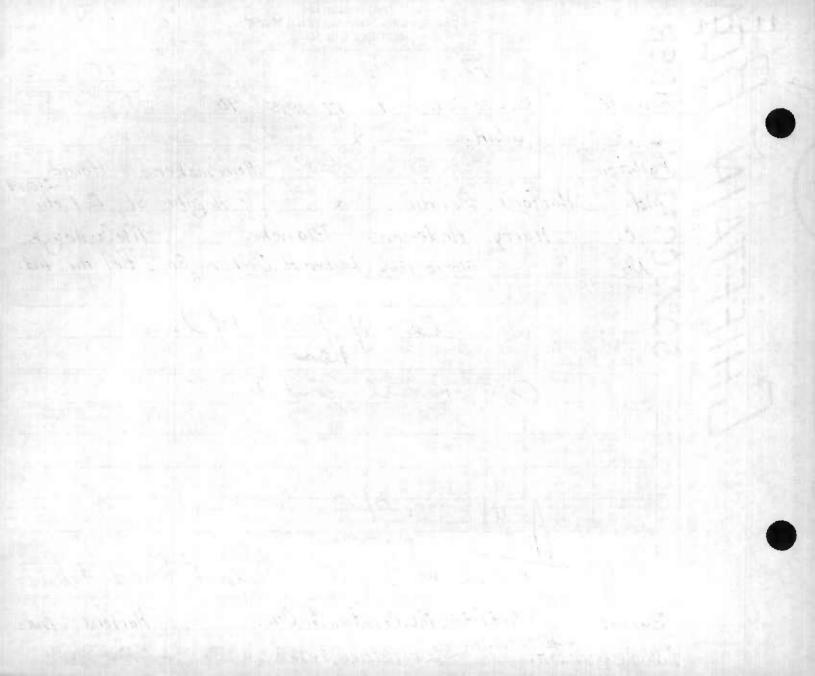




55	,	FOR STATE		DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE I	10	0	4
123014		REGISTRAR				ICATE OF DEATH	REG. 1			
ay be age 3 death	{TYPE	CEASED NAME OR PRINTI	n	B.	m	yer	20. DATE OF DEATH	MONTH D	4 85	2b HOUR M
age 4 mo	3. SE.	Male	4 RACE	Uhite	5. DATE O		6 AGE (IN YEARS LAST B	YRS.	ONTHS DAYS	HOURS MIN.
deoth. Po	TI	RTHPLACE (STATE OR FOREK DUNTRY) Linois	U	SA	MARRIE			rford (	County	MD.
rs ofter	and a	FAIlston	(IF NOT IN	AUCH FACILITY, GIVE STREE	ADDRESS) Gen	Hosp.	120. USUAL OCCUPA (1YPE OF WORK FOR MOST Ret.—Branc	OF WORKING LIFE	INDUSTRY	of BUSINESS OR er Electr
24 hou	130 5		GE OR OTHER INSTITUT	13c. CITY OR TOV		13d INSIDE CITY LIMITS? YES NO TO		ZIP CODE	i. Hyde	21082 es, Md.
urith me and a second	14. F/	THER'S NAME Figst John	Windle	Môye	r	IS MOTHER'S MAIDEN NA FIRST  Alice	WE		Davis	51 <b>3</b>
n and a Pages		VAS DECEASED EVER IN E YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES YES, GIVE WAR OR DATES WW 1			John W. Moye	er 5725 Wil			21082 des, Md.
been signed by the attendent. Then please coprior to buriol, cremotion, ony injury, or other traumo	CERTIFICATION	Conditions, if any, which gave rise to immedicate (a), stating underlying cause in PART 2 OTHER SIGNIFICATION DATE OF OPERATION	ofe the DUE TO ost. (c)	OR AS A CONSEOU  OR AS A CONSEOU  CONTRIBUTING TO  NOTION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM HYPOT WAS PERFORMED	AINAL DISEASE OR CO	20b. IF YES,		NGS USED
NG PHYSICIAN: The low requir ottending physicion.  ottending physicion.  tfer this certificate has been signs the buriol-transit permit. Then hand Mental Hygiene prior to be norked or Item 18 shows any injury.	MEDICAL CERTIFI	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICALE 21d INJURY OCCURRED	E OF DEATH HOUR XAMINER)  21e. PLA	E OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE,	19	21¢ HOW INJURY OCCUR 21f LOCATION STREET	YES NO	YES		NO STATE
TO HOSPITAL OR ATTENDING retained by the hospital or ott TO FUNERAL DIRECTOR. After should be detached for use as the with the State Dept. of Health or IMPORTANT: if hem 21 is marken		WHILE ALWORK ALWORK  220-1 certify that (I) (the saw the deceased a abave, (I) (we) (did) The SIGNATURE	s hospital) attended live an	ody after death.	M	22e ADDRESS	MEDICAL ST.  DIRECTOR □ PHYS	AFF		
Bb————————————————————————————————————		BURIAL, CREMATION, REN	AOVAL 236 DATE	AQU.	NAME OF C	EMETERY OR CREMATORY on CemSweet	Air CITY OR TOWN		county rd Co.	State Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	eral Ho	ane ADDRESS	10th	No large VD	R 3 0 1985	R 25b. F GISTR	PAR'S SIGNAT	Mandag.

The state of the s MAILE THE 4-1-1892 91 Participant of the property of the second series and the second series are series and the second series and the second series are se The constant of the second of the constant of Table aby a supple special and a major. The Telling of the campust found . Soprem Sydy Williams He. 1900s, Take AND THE SHARE OF PARTY OF THE P OF LIFE PROPERTY OF STREET FERRER EST CHENNAS EITS SAFERED BY STEEL 214 750m2-.cu put ... TESTING THE PARTY SALL THE WAY AND THE BOARS OF THE SALES

(VRA 15, 4)



forme.	FOR STATE REGIST	RAR	C	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE REG. N	1 6 7	1
10/014	I DECEASED N	NAME FIRST	WIDDLE	^	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1 2	[TYPE OR PRINT]	Carl	Joseph	- Pa	r C	04-07-	2.8	1350
1/12	1 SEX	C)-55	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BI		
B 1	MALE		(1)	MON'		80	YRS MONTHS DAYS	S HOURS MIN
1 185	COUNTRY	E (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRI WIDOW	DIVORCED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	^
192	10 CITY OR TO	LS TON	11. NAME OF HOSPITAL	, NURSING HOME GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTR	OF BUSINESS O
St hours			R OTHER INSTITUTION GIVE RESIDE	V	113d. INSIDE CITY LIMITS?		-1	Rose
1 11/13/	11/1	RST	MIDDLE (A)	7	15 MOTHER'S MAIDEN N		1 6	AST I
6	100	EASED EVER IN U.S. AL	PAED FORCES? 16b. SOC	IAL SECURITY NO.	17 INFORMANT	ADDR	ESS 12036 15	SEL SIR
2 12	Elen.	[W.]	W. I 1011	-0100	MARGARE	IJARR	/ 10 10 10	5/1/600
g physic bongops removal	PART	I. DEATH WAS CAUS	only one cause per line for to ED BY: ATE CAUSE (o)	UPSUOR	MESENTE	UL Antu	11	DXIMATE INTERVAL N ONSET AND DEAT
death c untendir ove curt mon, or		ans, if any, which	DUE TO, OR AS A CO	HIZT YOU	os cel rutic	Consis/Asi	usz >	20 449
by the object of the other to	couse	(a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF				
Then play to buring	PART 2	OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN IN PART	lto
11112	THE	E OF OPERATION	196 CONDITION FOI	R WHICH OPERATION	ON WAS PERFORMED	YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
Class 1	OR CONT	IDENT WAS UNDERLYING [ RIBUTING ] CAUSE OF DE ER NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART 1 OR PART 2	
offending of the burn of the burn had on the b	1 100	DRY OCCURRED  NOT WHILE DAT WORK	210. PLACE OF INJUR (AT HOME, STREET, FACTOR		711 LOCATION STREET	CITY OR TO	COUNTY COUNTY	STATE
TTENDO prol or TOR. At for use of Mediti	220.1 cer	rtify that (I (this hasp	view the body after dear	1985	and that in (mys (aur) opinio	, 10	ote and hour and from It	ne couses stated
the Dock A the took of the Dock of the Doc	725 510		huan	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 0 /	TE SIGNED
O HOSPIL TO FUNE TO FU	N	1001mg	15 MAG	1	17e ADDRESS	on bever		AC
BP	(SPECIFY)	remation, remova	1 23b DATE 4-9-85	St. Joh	CEMETERY OR CREMATOR	Com Kingan	elle Balti	. OAL
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL E	DIRECTOR	1. 11050	y Jengs	ville Mg 250 D	1.1.1985	236 REGISTRAR'S SIGN	

Aug. 17 2005 1 78 - a And the line of the Delei Conveler cent dente, Inc. strong titler 

The state of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

H	REG. N	REG. NO.								
	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU					

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D
	CEASED NAME FIRST VANC	E Herman	Pickle	2a. DATE OF DEATH	4 24 85 26 HOU
3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
	Male	Caucasian	May 12 191	3 71	YRS DAYS HOURS
	RTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OF	R COUNTY OF DEATH
С	Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		HARFORD
10. CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	
	Fallston	(IF NOT IN SUCH FACILITY, GIVE STREE	GEN HOSP.	Farmer	F WORKING LIFE) INDUSTRY Farming
	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE			21084
130.5	Md. Har	ford Jarrett		13e STREET ADDRESS /	ZIP CODE
14. FA	ATHER'S NAME		15. MOTHER'S MAIDEN	NAME	oon maar mas
	Claibourne	Pickl	e Dora	WIDDLE	Miller
160 W	VAS DECEASED EVER IN U.S. AF			ADDRE	
ΙA	YES, NO OR UNKNOWN) (IF YES, GT	VE WAR OR DATES) 226-22	2-9169 Hazel F.	Pickle	same as above
		nly ane cause per line for (a), (b), a		1 +011+0	APPROXIMATE INTER BETWEEN ONSET AND
TION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON[	DITION GIVEN IN PART ITO
CERTIFICATION	DATE OF OPERATION	196. CONDITION FOR WHICE	H OPERATION WAS PERFORMED	YES NO	IN CERTIFYING CAUSES OF DEAT YES NO
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART ?)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY {AT HOME STREET, FACTORY, OFFICE,	FARM, ETC   211 LOCATION STREET	CITY OR TOV	WN COUNTY S
	saw the deceased alive or	nitol) attended the deceased from,			. 19, that (I) (vite and hour and from the causes sta
	DOSAN R	and for a factor	DE GREE DE GREEN TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL	MEDICAL STAP	FIAN 4/24/8
	1226 PRIVER DENDE NAME COME				
1	Joseph Re	inhardt			

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR

BP

should be detached for use as the buriol-transit permit. Then please remove corbonpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

(VRA 15, 4)

M. Gladden Kurtz

Jarrettsville, Md.

APTE PE DE REGISTRAR SIGNATURE

AND ITEM SENDENCE WITH THE MENTALS BY WILLIAM TO SERVE THE SENDENCE OF THE SEN Synthetic and the state of the . Dig. . In the control of the contr

	DEPARTA	MENT OF H	E OF MARYLAND  EALTH AND MENTAL HYG  ICATE OF DEATH	IENE REG. NO	167	4
	WIDDLE	_	AST			AR 26 HOUR
W	ilson	Pri	++	April	6.1985	10:38 A M
ACE		5 DATE (		6. AGE (NYEARS LAST BIRT		YEAR IF UNDER 24 HRS
Whi	te	Marc	h 30, 1925	60	YRS	7.00.00
USA	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	r for d	MD.
	HOSPITAL, NURSIN		Hospital	12a USUAL OCCUPATH (TYPE OF WORK FOR MOST O	FWORKING LIFE) INDUS	ND OF BUSINESS OR STRY
r institution	13c CITY OR TOW Aberdeen	N	13d. INSIDE CITY LIMITS? YES NO 🌣	3457 James	Run Road	21001
.É	Pritt	E.	15. MOTHER'S MAIDEN NA Susie	L. MIDDIE		gärdner
FORCES? FOR DATES)	220-12-5		17 INFORMANT Mrs.Ada M. Pr	addre itt, 3457 J	Aberdeen, ames Run	Md. 21001 Road
AUSE (a)	fine far (a), (b), and	en	en of Ly	stage TV	A BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DUE TO, O	r as a conseque	NCE OF	/			
DUE TO, O	R AS A CONSEQUE	NCE OF				THE WHITE
1c)						
DITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT Ira
196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
				YES NO	IN CERTIFYING CA	NO []
216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PAI	RT 2)
	M	19				
21e PLACE (AT HOME STI	OF INJURY REET FACTORY OFFICE, F.	ARM ETC )	211 LOCATION STREET	CITY OR TO	WN COUN	

190 DATE OF OPERATION

220 I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an\_ above, (It (we) (did) (did not view the body after death

DEGREE

that (I) (we) last and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

NOT WHILE

Bel Air Memorial Gardens, Bel Air

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN C

22c. DATE SIGNED

22d PHYSICIAN'S N'AME TYPE OR PI

22e ADDRESS

230 BURIAL, CREMATION, REMAIN

226. SIGNATURE

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Male TO BIRTHPLACE ISTATE OF FOREIGN West Virginia

3 SEX

130 STATE

Maryland 14 FATHER'S NAME

Romey

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED

Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause last PART 2 OTHER SIGNIFICANT CON

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY

FIRST

136 COUNTY Harfor

W.

IMMEDIATE CA

WI I

MIDD

236 DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE

BP Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

CERTIFICATION

marked or Hem

MPORTANT

(VRA 15, 4)

Howard K. McComas III, Ab ingdon, Md. 21009

Harford Md. BY REGISTRAR 256 REGISTRAR'S SIGNATURE the Day Son Mandage DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND CERTIFICATE OF DEATH

										at HOUD							
	CEASED NAME	FIRST		WIDDLE	0	AST .	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR							
	/ )	ra	A	NN	Kec	tor	Apri	10	1985	913							
SEX	(	4.	RACE		5. DATE C		6. AGE (IN YEAR LAST		IF UNDER 1 YEAR	IF UNDER 24 H							
1	FEMALE		Whit	TE	MAN	run 24, Mig	ור	YRS	ONTHS DAYS	HOURS M							
BIR	RTHPLACE (STATE OR FO	DREIGN 7h	CITIZEN OF	WHAT COUN	ITRY? 8		9 BALTIMORE CITY		OF DEATH								
C	RTHPLACE (STATE OR FO		11/1	1	MARRIE	D NEVER MARRIED	11.0										
740	TY OF TOWN OF DEAT	TU 1	NAME OF	HOSDITAL NII	WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPA	TION	Tim KIND O	E BUICH IECC							
11	TY OR TOWN OF DEAT	078)		CH FACILITY, GIVE		A 1	(TYPE OF WORK FOR MOS			F BUSINESS							
Ha	ure de 6 va	ace	Hart	and N	emoria	1 HOSP.	Housewife		Howen	MKET							
SUA la S	AL RESIDENCE (IF NURSIN	13b COUNT		130 CITY OR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	41	114							
12	mylmy	Harfor	of Co.	BA 4.	~~	YES 🔀 NO 🗌	512 North		STIE	1							
FA	THER'S NAME	MAI	DDLE .	LAS		15 MOTHER'S MAIDEN NAM				1							
	Calvin	MI	DOLE .	DUNCA		Annis	WIDDIE		WAgo	VEC							
o W	AS DECEASED EVER II	N U.S. ARM	ED FORCES?	16b SOCIAL	SECURITY NO.	17 INFORMAN (SCH) 83	R-4772 ADD	RESS									
( Y	(ES, NO OR UNKNOWN)	(IF YES GIVE Y	WAR OR DATES)	212-7	8-2000	Mr. JAMES V. R	51.	2 North									
-				1		IMIGHNIES 4. 10	CECIOL B	A Air M		MATE INTERVAL DISET AND DEA							
П	PART I. DE ATH WA	SCAUSED	BY:	r line far (a), (t	110	1300 m 10-10	· · · · · · · · · · · · · · · · · · · ·	immediate cause (a) and a a drop ration and									
	Canditians, if any, gave rise to imme cause (a), stating	MMEDIATE  which ediate the	BY: CAUSE (a) DUE TO, O	Car Bragacons AB	SEQUENCE OF	raspirator	y con	ress									
	Canditians, if any, gave rise to immediate to stating underlying cause	which ediate the last.	DUE TO, Q	CAN OR AS A CONS OF AS A CONS CAN	SEQUENCE OF	raspirator D. D. D.	derow	ic.									
	Canditians, if any, gave rise to imme cause (a), stating	which ediate the last.	DUE TO, Q	CAN OR AS A CONS OF AS A CONS CAN	SEQUENCE OF	average rator	A.  Clavow  INAL DISEASE OR CO.	C.	N IN PART 110								
	Canditians, if any, gave rise to immediate to stating underlying cause	which ediate the last.	DUE TO, O	OR AYA CONS	SEQUENCE OF	COLUMB NOT RELATED TO THE TERMI	CANOW INAL DISEASE OR CO	20b. IF YES,	WERE FINDIN	IGS USED							
	Canditians, if any, gave rise to imme cause tool, stating underlying cause  PART 2 OTHER SIGNI	which ediate the last.	DUE TO, O	OR AYA CONS	SEQUENCE OF			20b. IF YES,	WERE FINDIN	IGS USED							
	Canditions, if any, gave rise to imme cause to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI	which ediate the last.	BY: CAUSE (a) DUE TO, O  (b) DUE TO, Q  (c) DUE TO, Q  (c) DUE TO, Q  (c) DUE TO, Q  (c) DUE TO, Q  (d) DUE TO, Q  (e) DUE TO, Q  (c) DUE TO, Q  (d) DUE TO, Q	OR AS A CONS OPEN AS A CONS ONTRIBUTING	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE SEQ		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN	IGS USED OF DEATH?							
AL CERTIFICATION	Canditions, if any, gave rise to imme cause 101, stating underlying cause  PART 2 OTHER SIGN!  19a DATE OF OPERAT!  21a. ACCIDEN! WAS UNDE OR CONTRIBUTING CAUSE	which ediate the last.  IFICANT CO	BY: CAUSE (a) DUE TO, O  (b) DUE TO, Q  (c) DNDITIONS CO  196 COND  216. TIME O HOUR A.	ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE SEQ	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN	IGS USED OF DEATH?							
AL CERTIFICATION	Canditions, if any, gave rise to imme cause to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI	which ediate the last.  IFICANT CO	BY: CAUSE (a) DUE TO, O  (b) DUE TO, Q  (c) DNDITIONS CO  196 COND  216. TIME O HOUR A.	OF AS A CONS  ON TRIBUTING  ON TRIBUTING  OF INJURY  M. MONTH  M.	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE SEQ	216 HOW INJURY OCCURRI	200 AUTOPSY? YES NO ED (ENTER NATURE OF IN	206. IF YES, IN CERTIFY YES	WERE FINDIN YING CAUSES (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	IGS USED OF DEATH? NO							
ar cell in control	Canditions, if any, gave rise to immeasure to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE  (#EITHER NOTIFY MEDICA  21d. INJURY OCCURRE	which ediate the last.  IFICANT CO  RILYING UNUSE OF DEATH LEXAMINER)	BY:  CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)  IPb. COND  21b. TIME O  HOUR A.  P.  21c. PLACE:	ONTRIBUTING	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE SEQ	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	, WERE FINDIN	IGS USED OF DEATH?							
mental control of	Canditions, if any, gove rise to immucause (a), stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER  (IF EITHER NOTIFY MEDICAL  21d. INJURY OCCURAE  MALE OF NOTIFY MEDICAL  AT WORK	which ediate the last.  IFICANT CO  ON  RLYING USE OF DEATH LEXAMINER)  ED	BY:  CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)  IPB. COND  21B. TIME O  HOUR A  P.  21E. PLACE (AL HOME, STE	ONTRIBUTING	SEQUENCE OF SEQUENCE OF GIODEATH SUT HICH OPERATIO  DAY YEAR 19	216 HOW INJURY OCCURRI 216 LOCATION STREET	YES NO SED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PA	WERE FINDIN VING CAUSES COUNTY	PGS USED OF DEATH? NO							
members certifications	Canditions, if any, gove rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE  (# EITHER NOTEY MEDICAL ENDOYER AT WORK AT WORK AT WORK AT WORK AT WORK 22a.1 certify that (1) (f)	which ediate the last.  IFICANT CO  ON  RLYING UNUSE OF DEATH LEXAMINER)  E Uthis haspital	BY:  CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)  IPB. COND  21B. TIME O  HOUR A  P.  21E. PLACE (AL HOME, STE	ONTRIBUTING	SEQUENCE OF SEQUENCE OF GIODEATH SUT HICH OPERATIO  DAY YEAR 19 FFICE, FARM, ETC.)	216 HOW INJURY OCCURRI 216 LOCATION STREET	200 AUTOPSY? YES NO ED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  IT I OR PART 2)  COUNTY	IGS USED OF DEATH? NO STATE							
Medical Certification	Canditions, if any, gave rise to immediate to stating underlying cause  PART 2 OTHER SIGNI  PART 3 OTHER SIGNI  PART 4 OTHER SIGNI  PART 2 OTHER SIGNI  PART 2 OTHER SIGNI  PART 2 OTHER SIGNI  PART 2 OTHER SIGNI  PART 3 OTHER SIGNI  PART 4 OTHER SIGNI  PART 2 OTHER S	which ediate the last.  IFICANT CO  ON  REVING ON  REVING ON  REXAMINER)  D  E  this haspital dalive an	BY: CAUSE (a) DUE TO, O  (b) DUE TO, O  (c) DUE TO, O  (c) DUE TO, O  (c) DUE TO, O  (d) DUE TO, O  (e) DUE TO,	OF INJURY M. MONTH M. OF INJURY MEET, FACTORY, OF	SEQUENCE OF SEQUENCE OF STO DEATH JUT HICH OPERATIO  TO DAY YEAR 19  FRICE, FARM, ETC.)	216 HOW INJURY OCCURRI	200 AUTOPSY? YES NO ED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  COUNTY  GOUNTY  COUNTY	STATE							
Medical Certification	Canditions, if any, gave rise to immeasure to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE  WHILE NOTIFY MEDICA  21d. INJURY OCCURRE  WHILE NOTIFY MEDICA  22a.1 certify that (1) (1)	which ediate the last.  IFICANT CO  ON  REVING ON  REVING ON  REXAMINER)  D  E  this haspital dalive an	BY: CAUSE (a) DUE TO, O  (b) DUE TO, O  (c) DUE TO, O  (c) DUE TO, O  (c) DUE TO, O  (d) DUE TO, O  (e) DUE TO,	OF INJURY M. MONTH M. OF INJURY MEET, FACTORY, OF	SEQUENCE OF SEQUENCE OF STO DEATH JUT HICH OPERATIO  TO DAY YEAR 19  FRICE, FARM, ETC.)	216 HOW INJURY OCCURRI 211 LOCATION STREET 19 and that in (my) (aur) apinian d	YES NO SED (ENTER NATURE OF IN CITY OR Leath accoursed an the	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PA	WERE FINDING CAUSES  IT I OR PART 2)  COUNTY	STATE							
MEDICAL CONTINUES	Canditions, if any, gave rise to immediate to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOTIFY MEDICAL 22b. SIGNATU III	which ediate the last.  IFICANT CO  ON  REYING  AUSE OF DEATH ALEXAMINER  DE AUSE OF DEATH ALEXAMINER	BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) DUE TO, O (c) PODITIONS CC  198 COND  218. TIME O HOUR A. P. 21e. PLACE: [AT HOME STE	OF INJURY M. MONTH M. OF INJURY MEET, FACTORY, OF	SEQUENCE OF SEQUENCE OF STO DEATH JUT HICH OPERATIO  TO DAY YEAR 19  FRICE, FARM, ETC.)	216 HOW INJURY OCCURRI  216 LOCATION STREET  19 and that in (my) (aur) apinian d  DEGREE ATTENDING PHYSICIAN	YES NO SED (ENTER NATURE OF IN CITY OR Leath accoursed an the	20b. IF YES, IN CERTIFY YES  JURY IN ITEM 18 PA  TOWN  AFF	WERE FINDING CAUSES  COUNTY  GOUNTY  COUNTY	STATE							
MEDICAL CONTINUES	Canditions, if any, gave rise to immediate to stating underlying cause  PART 2 OTHER SIGNI  PART 3 OTHER SIGNI  PART 4 OTHER SIGNI  PART 2 OTHER SIGNI  PART 2 OTHER SIGNI  PART 2 OTHER SIGNI  PART 2 OTHER SIGNI  PART 3 OTHER SIGNI  PART 4 OTHER SIGNI  PART 2 OTHER S	which ediate the last.  IFICANT CO  ON  REYING  AUSE OF DEATH ALEXAMINER  DE AUSE OF DEATH ALEXAMINER	BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) DUE TO, O (c) PODITIONS CC  198 COND  218. TIME O HOUR A. P. 21e. PLACE: [AT HOME STE	OF INJURY M. MONTH M. OF INJURY MEET, FACTORY, OF	SEQUENCE OF SEQUENCE OF STO DEATH JUT HICH OPERATIO  TO DAY YEAR 19  FRICE, FARM, ETC.)	216 HOW INJURY OCCURRI	YES NO NO DEED (ENTER NATURE OF IN CITY OR LEATH accoursed an the	20b. IF YES, IN CERTIFY YES  JURY IN ITEM 18 PA  TOWN  AFF	WERE FINDING CAUSES  COUNTY  GOUNTY  COUNTY	STATE							
mentan centification	Canditions, if any, gave rise to immediate to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOTIFY MEDICAL 22b. SIGNATU III	which ediate the last.  IFICANT CO  ON  REYING  AUSE OF DEATH ALEXAMINER  DE AUSE OF DEATH ALEXAMINER	BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) DUE TO, O (c) PODITIONS CC  198 COND  218. TIME O HOUR A. P. 21e. PLACE: [AT HOME STE	OF INJURY M. MONTH M. OF INJURY MEET, FACTORY, OF	SEQUENCE OF SEQUENCE OF STO DEATH JUT HICH OPERATIO  TO DAY YEAR 19  FRICE, FARM, ETC.)	216 HOW INJURY OCCURRI  216 LOCATION STREET  19 and that in (my) (aur) apinian d  DEGREE ATTENDING PHYSICIAN	YES NO NO DEED (ENTER NATURE OF IN CITY OR LEATH accoursed an the	20b. IF YES, IN CERTIFY YES  JURY IN ITEM 18 PA  TOWN  AFF	WERE FINDING CAUSES  COUNTY  GOUNTY  COUNTY	STATE							
MEDICAL CENTIFICATION	Canditions, if any, gave rise to immediate to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOTIFY MEDICAL 22b. SIGNATU III	which ediate the last.  IFICANT CO  ON  REYING  AUSE OF DEATH EXAMINER  ED  E  this haspita d alive an d) (did nat)	BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) DUE TO, O (c) PODITIONS CC  198 COND  218. TIME O HOUR A. P. 21e. PLACE: [AT HOME STE	OF INJURY M. MONTH M. OF INJURY M. de deceased for	SEQUENCE OF SEQUEN	216 HOW INJURY OCCURRI  216 LOCATION STREET  19 and that in (my) (aur) apinian d  DEGREE ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO ED NO ED NO ED NO ENTER NATURE OF IN CITY OR DEATH ACCURRED ON THE	20b. IF YES, IN CERTIFY YES  JURY IN ITEM 18 PA  TOWN  AFF	WERE FINDING CAUSES  COUNTY  GOUNTY  COUNTY	STATE							

DHMH - 16 60M 7/8

(VRA 15, 4)

			,	
	- 498 J. C. A			
TO SECULAR SECULAR SEC		- Jr. Na	-	
Transfer Comment of the Comment of t				- a-P

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE - STATE 10610 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH 2b HOUR TYPE OR PRINT) Frederick DEATH MATED 7 19 85 Martin Reider, Jr. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX 2c. DATE 2d HOUR PRONOUNCED 8:30P DEAD 7 19 85 Male White 8-22-1923 TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X Maryland DIVORCED Harford County 18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 7 near Bush Road Abington US Gov't Safety Specialist BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Harford NO 🛭 3707 Philadelhia Rd./21009 Maryland Abingdon 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME 24 HOURS AFTER DEATH.
ITEM 18. GIVE PAGES 1, 2
ALONG WITH FORM PM 2
T PERMIT. PAGES 1 AND 2
T PERMIT. PAGES 1 AND 2 Reider, Jr. Wirsing Frederick Martin Rose 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS Rosemary Austin, 35 Hillman Ct., Aberdeen, (YES, NO. OR UNKNOWN) YES 218-12-6683 WWIT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY E USED AS A BURIAL - TRANSIT PERMITOF HEALTH AND MENTAL HYGIENE, URIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO . 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d, INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER-DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Notyral causes K death resulted fram: Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 4/8/85 Mr Assistant SIGNATURE EXAMINER'S NAME Gregory R, Kauffman, M.D. Penn St. Balto, MD. TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23t. NAME OF CEMETERY OR CREMATORY Apr.12,1985 St. Pauls Lutheran Burial Aberdeen, Harford, Maryland 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399. APR (VR A15 ME (5))

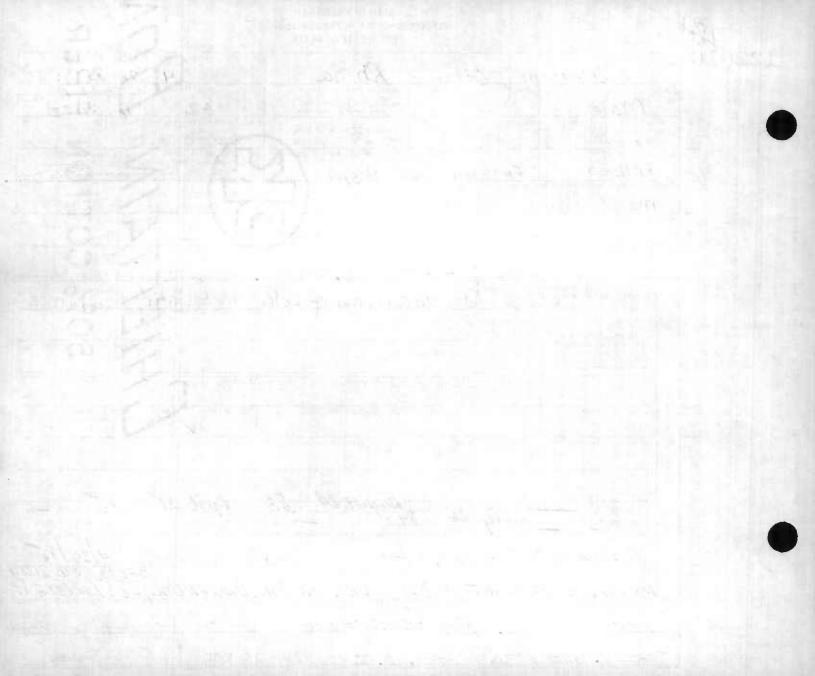
in hand

### STATE OF MARYLAND STATE OF MARYLAND

+	1-	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH					REG. NO.				
	{TYPE	CEASED NAME FIRST	m o	tto	R	hoda			MONTH DA	6 85	26. HOUR 9:02	A
	3 SE	Male	4. RACE White		June	DAY	YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS ZZ	MIN.
1	1.	RTHPLACE (STATE OR FOREIGN COUNTRY) Ma, Ohio	76 CITIZEN OF W		WIDOWE		CED 🗍	BALTIMORE CITY O		PUEATH		MD.
1	1	FA 11ston	FA 115+	PACHITY, GIVE STREET	address)	or other institu	TION	12g USUAL OCCUPATION OF THE ALTH Adm	ON F WORKING LIFE) inistra	12b KIND O INDUSTRY TOTHE	State	
5	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT Harf	VTY	IVE RESIDENCE BEFORE  34. CITY OR TOW  Edgewood	N	13d. INSIDE CITY I	N N	136 STREET ADDRESS A		21	040	_
1	/_	Otto J	MIDDLE	Rhod		Vio		WIDDIE		Mox	ī	
/	C	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	66 SOCIAL SECU		Mrs Bark	ara U	ADDRE	Md.	21040	. Dā	
7	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause iol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	conditions <u>con</u>		DEATH BUT	NOT RELATED TO		NAL DISEASE OR CON  200 AUTOPSY?  YES NOW	20b. IF YES,	WERE FINDING CAUSES	IGS USED	?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			YEAR	21c HOW INJUR	Y OCCURRI	ED (ENTER NATURE OF INJUI		T I OR PART 2)	но 📋	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	F INJURY T, FACTORY, OFFICE F.	ARM, ETC.)	211 LOCATION STREET	00	CITY OR TO	WN	COUNTY	STA	1E
		220. I certify that (I) (the saw the deceased alive an above, (I) the (did) (did) 226. SIGNAPURE	July	66 190		DEGREE ATTE	opinian d	eath accurred on the do	F	and from the	that (1) (we couses state	+ last
		MICHAEL B. J	TENARI	-,M.S.		UNIV. DA	= Ms	CANCERO	TR Z	25 G	MD Z	1201
		BURIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREA		23d LOCATION CITY OR TOWN		COUNTY	STAT	TE .
		Durial  UNERAL DIRECTOR  NAME  IN THE PROPERTY OF THE PROPERTY	Apr.30,	1985 Nat	ional	L Cemeter	25e. DATE	Beverly F	Burling	R'S SIGNAT	lew Je	rsey

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



#### STATE OF MARYLAND +G12080 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. ALIDDI F 2a DATE OF DEATH MONTH DECEASED NAME [TYPE OR PRINT] Kinney uanita 4. RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY 3 SEX 1926 White Female Te. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Harlord WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Lanidum Rd. "mp.Loued USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE Harford 1134 INSIDE CITY LIMITS? Havre de 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLI Anderson MIDDLE arrie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? I SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** I I IF YES, GIVE WAR OR DATES) (YES, NO OF HINKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 🖂 YES | 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN NOT WHILE AT WORK 220.1 certify that (1) Phis haspital) attended the deceased from sow the deceased alum and that in(my) (our) opinion death occurred an the date and hour and from the causes stated abave (11) we) (did) (did no) view the body ofter death 226 SIGNATUR DEGREE ATTENDING MEDICAL STAFF O FUNERAL A-DIRECTOR PHYSICIAN PORTANT NAME (TYPE DEPENDED 22s ADDRESS Loch Kaven 5601 23a. BURIAL CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY April 16, 1985

ADDRESS

DAY

YEAR

# UNDER 1 YEAR

INDUSTRY

lar-Lee

apidum Rd

MONTHS

85

DAYS

2b. HOUR

HOURS

126 KIND OF BUSINESS OR

NO I

STATE

STATE

COUNTY

COUNTY

Davidson

22c. DATE SIGNED

IF UNDER 24 HRS

DHMH-16 20M (VRA 15, 4) 7/7B

\ . \ . state of more 1975 Souther - food in . Telepholish of Markes in Them and authorities a particular to the control of the Andreas Santa Sant and the second of the second o Chil

ended on the second of the sec

the second of the second

wified of once

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	REGISTRAR			CERTIFI	CATE OF DE	ATH		REG. NO.				
		CEASED NAME FIRST OR PRINT!	9 /	MIDDLE	Co	Mar		20 DATE OF	DEATH MON	T IG	YEAR OF	26 HOUR	72
	3 SE)	~417	4. RACE	179	S. DATE O	E BIRTH		6. AGE (IN YE	ARS LAST BIRTHDAY	) IF (	JNDER TYEAR	IF UNDER 2	4 HRS
	3.367	Female		nite	May	DAY	905	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	79		NIHS DAYS	HQURS	MIN,
5	- 0	RTHPLACE (STATE OR FOREIGN COUNTRY)  dams County,		WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MA	RRIED -	9 BALTIMOR	FOR CO	OUNTY OF	DEATH		MD.
6		Vre de Corace	11. NAME OF	HOSPITAL, NURSINGH FACILITY, GIVESTREET					CCUPATION FOR MOST OF WOO		126 KIND O INDUSTRY	F BUSINES	
5	13a. S		ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Havre De	/N 1	13d. INSIDE CITY YES 🛣 N			DDRESS / ZIP		Apt.	#305	
C	14. FA	THER'S NAME FIRST Andrew	WIDDLE	Tressle:	r	15. MOTHER'S M		ΛE	WIDDLE		Lynn	1	
1		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17 INFORMANT			300 ECC	mmer	ce St	reet	
1	l,	NO (IF YE	S. GIVE WAR OR DATES)	181-07-	5343-B	Andrew	B. Sa	nders,					1078
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, C	Cardio DR AS A CONSEQUIDA DRAS A CONSEQUIDA	ENCE OF	mar mad	y (	free	j.			MATÉ INTERV ONSET AND D	EATH
	TION	A	· intes	tinal	Dec	huy 2	e for	intal	or condition	uà	Rep	air	
2	CERTIFICATION	19a DATE OF OPERATION	19b COND	DITION FOR WHICH	OPERATION	I WASPERFORM	NED	YES [			VERE FINIDING CAUSES		
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED	F DEATH HOUR A	OF INJURY I.M. MONTH D. P.M. OF INJURY	AY YEAR	21c. HOW INJU	RY OCCURRI	ED (ENTERNAT	URE OF INJURY IN I	TEM 18 PART			
	ME	WHILE NOT WHILE AT WORK		TREET, FACTORY OFFICE, I	FARM ETC )	STREET	85		CITY OR TOWN	7	COUNTY	STA	ATE .
		220.1 certify that (1) (this h	e on 4 -	2/ 19		d that in (my) (or			on the date o	nd hour or	nd from the	1.10 - 10	0,100
		22d. PHYSICIAN'S NAME (1)	newy			ATT PH	SICIAN A	MEDICAL DIRECTOR [	STAFF PHYSICIAN			4	
-		KETICIA	J. GA	LU52	Mo	625	J.UL	ar	AVEG	, hi	WRE D. Z	100	78
	730 B	SURIAL, CREMATION, REMO	VAL 136 DATE	736. 1	NAME OF CE	METERY OR CRE	MATORY	23d. LOCA	IION		01.4.17.11	4.4.	. 10

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

IMPORTANT: If hem 21 is morked or hem 18 shows ony

April 30/85 St. Andrew Cemetery

Waynesboro, PA.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Missis County, H.

Mars County, H.

Mors of the first county of th

reight applies to three Comments symmetrics, by 1920st

### FOR - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

3. SEX

FIRST

ETHEL

4 RACE

# STATE OF MARYLAND

SHOWALTER

5. DATE OF BIRTH

REALTH	AND	MENTAL	RYGIENE	
ICATE	OF	DEATH		PEO 110

6. AGE (IN YEARS LAST BIRTHDAY)

26 HOUR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE
CERTIFICATE OF BEATTI	REG.
LAST	2a DATE OF DEATH

	- "	- 00		
Pe	11	r	ŧ,	_
HOY	1	000	中山	6
4		v	휷	
VG PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be		fter this certificate has been signed by the ottending physician and completely filled in by the funeral direg	HOUR	6
eath.		nerol	n 72 h	
ō		5	Ē	
offer		the	M P	
DULS		in by	e file	-
24 h		lled	a pin	-
thin		sely f	2 sho	
M Pa		mplei	puo	1
ecut		oo p	100	
e e		0 0	Pog.	
ote k		Sicio	pers	ol.
rhifice		phy	oduc	emov
h ce		point	orb	0 10
deat		offer	ove	stian,
the		the	rem	remo
that		d by	eose	ol, c
uires		Signe	d ua	h and Mental Hygiene prior to burial, cremation, or removal.
be.		een	it. Th	ior to
0	ć	as p	Derm	ne p
The	attending physicion.	ote h	nsit	Ygie
AN	phy	rifice	ol-tro	HO
YSIC	guip	s ce	Suria	Men
H C	Henc	r thi	the	pue
ž	0	4	50	-

BALTIMORE, MARYLAND 2120

201 W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

W,		Female		Whi	te	Aug.	25, 1921	Î	63	YRS.	ONTHS DAYS	HOURS MIN.
2 hou		IRTHPLACE (STATE OR FI	OREIGN 7b		WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9.6	BALTIMORE CITY OF			
o Zune		PA		US		WIDOWE			Harford			MD
The state of the s	10 €	ITY OR TOWN OF DEA	TH 11		OSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INSTITUTION		USUAL OCCUPATE  YPE OF WORK FOR MOST OF			BUSINESS OR
to Person	1	Fallston			on Gener		ospital		Homemak			Home
on and completely filled in 1 3. Pages, 1 and 2 should be f e medical examination	13e. :	AL RESIDENCE (IF NURS STATE MD ATHER'S NAME FIRST William WAS DECEASED EVER YES, NO OR UNKNOWN)	Harfo	ord  DDLE Bau ED FORCES?	Edgewo Edgewo Ighman	od _ y	13d INSIDE CITY LIMIT YES NO S  15. MOTHER'S MAIDE Agnes 17 INFORMANT Thomas	EN NAME	ADDRESS / ADDRES	wood (B	ittner P	
ed by the offending physis please remove carbon pape priol, cremation, or removal , or ather traumatic event, t		Conditions, if ony, gove rise to imm couse (o), statinuunderlying couse	which dedicate g the lost.	BY: CAUSE (o)  DUE TO, OI  (b)  DUE TO, OF	R AS A CONSEQUE	NCE OF	o rend	jar Jan	lua DISEASE OF COM	DITION CAVE	IZ:	NATE INTERVAL NSET AND DEATH
D FUNETAL DIRECTOR, After this certificate has been significated by a permit. Then the first being the bound of the prior to but the first Dept. of Health and Mental Hygiene prior to but the first Dept. of Health and Mental Hygiene prior to but the first prior first the first prior	MEDICAL CERTIFICATION	19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER, NOTIFY MEDIC  21d INJURY OCCURR WHIE NOT WAT WORK  27a.1 certify that (b) sow the decess obove. (1) (27b.)	ERLYING AUSE OF DEATH ALEXAMINER) ED  IIIE IIIE IIIE IIIIE IIIIIIIIIIIII	19b. CONDI  21b. TIME O HOUR AA P., 21e PLACE (AT HOME STR	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE  N WAS PERFORMED  21c. HOW INJURY OF  21l. LOCATION STREET  190  d that in (my) (our) op  DEGREE  ATTENDIT PHYSICI,  22e ADDRESS	CCURRED pinion dead	200 AUTOPSY YES NO (ENIER NATUR OF THE CITY OR TO)	20b. IF YES, IN CERTIFY YES WITEM IS PAR	WERE FINDING ING CAUSES C	STATE
6513		BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMAT		23d LOCATION		COUNTY	ENAN
	IR	emoval-Bu	irial l	4/2/8	5   5	t. Pa	aul Cemet	ervi	ÉIRIOLI	CK IO	wnship	· PA

Henry W. Jenkins & Sons Co.

21212

4905 York Road Balto., MD

MIDDLE

M.

DHMH - 16 50M 4/83 (VRA 15, 4)

## STATE OF MARYLAND CERTIFICATE OF DEATH

5							TICATE OF DEATH	R	G.NO.		
		CEASED NAME	FIRST		IDDLE		LAST	20. DATE OF DEA		DAY YEAR	
	11114	CHRINI	Elsie	,	SAMOS	ON	Singleton		April	25 198	15 750
	1. SE		1	RACE			OF BIRTH(	6. AGE IN YEARS	AST BIRTH AY)	IF UNDER I YE	
1		F. Male	200	W	rita	AUGL			84 YRS	MONTHS DA	YS HOURS A
22		RTHPLACE (STATE OF F	OREIGN 7	L CITIZEN OF V	WHAT COUNTR	Y? 8		9 BALTIMORE C	4 1		
30		MARYLAND	8	USA		WIDOW	ED MEVER MARRIED DIVORCED			Usela	-1
1	10 CI	ITY OR TOWN OF DEA	TH 1		IOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCC	UPATION	12b KINI	D OF BUSINESS
6	11	uso I A.		(IF NOT IN SUCH	FACILITY, GIVE STR	EET ADDRESS)	1 + (	TYPE OF WORK FOR	MOST OF WORKING	SLIFE) INDUST	RY
4	USU	AL RESIDENCE LIFNURSI	NC F	THER INSTITUTION	GIVE RESIDENCE BEF	OF ADMISSIONI	HOSPILAL	(RET)		SHOE	COMPANY
I	130. 5	STATE	136 COUNT		13c. CITY OR TO		13d. NSIDE CITY LIMITS?	13e STREET ADD	ESS / ZIP CO	DE al	
1	100 5 1	Ma.	1941	ora	HAVELO	le Graci	YES XX NO		30KL DP1	7 >1	21078
21	FA	ATHER'S NAME FIRST	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA		DDLE		LAST
00	/	WALTER		C.	SAMPSON		ANNIE			GAR	DENER
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	2 20 2	ADDRESS		
		NO			214-12	2-8662	EDWARD SAMPSON	718 FOUNTAI	N STREET	HAVRE de	e GRACE,
		18 CAUSE OF DEATH	1 Enter only	one couse per l	line for low	and (g)				BETWE	OXIMATE INTERVA
30		PART I. DEATH W.		BY: CAUSE (o)	Rus	6 Tice	mia				
			HADAIL DIVIE		10/1						
		Conditions, if ony, gove rise to imm		(b)	Van	lung	m & aru	rary 1	ract	onec	ling
					-				0		
40.1		couse to stating	2	DUE TO, OP	A MONSEC	DUENCE OF	0	4 = 5	Parle	, .	1 . W
		underlying couse	lost.	(c)_(	Lus	ue_	Lypphoe	y tie à	leuk	emia	
	N.		lost.	(c)_(	Lus	ue_	Lyppho C	y tra d	Leuk	CIVEN IN PART	lio
,	ATION	underlying couse PART 2 OTHER SIGN	lost.	(c)ONDITIONS_CO	NTRIBUTING T	O DEATH BUT					
7	FICATION	underlying couse	lost.	(c)ONDITIONS_CO	NTRIBUTING T	O DEATH BUT	Republic LINOVRELATED TO THE TERM	200 AUTOPSY	? 20b. IF Y	YES, WERE FIN TIFYING CAUS	DINGS USED
1	ERTIFICATION	underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT	lost.	16)	NTRIBUTING T	O DEATH BUT	DN WAS PERFORMED	200 AUTOPSY	? 20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
7	CERTIFI	underlying couse PART 2 OTHER SIGN	IOST.  IIFICANT CO	19b CONDITIONS CO	NTRIBUTING T	O DEATH BUT		200 AUTOPSY	? 20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
79	CERTIFI	UNDERLYING COUSE  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND  OR CONTRIBUTING C C  (IF EITHER NOTIFY MEDIC	IOST.  ION  ERLYING  AUSE OF DEAT AL EXAMINER)	19b CONDITIONS CO	TION FOR WHILE FINJURY A. MONTH A.	O DEATH BUT	ON WAS PERFORMED  216 HOW INJURY OCCUR	200 AUTOPSY	? 20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	DINGS USED SES OF DEATH?
79	CERTIFI	Underlying COUSE  PART 2 OTHER SIGN  190 DATE OF OPERAT  210 ACCIDENT WAS UND  OR CONTRIBUTING CIFETHER NOTHY MEDIC  21d INJURY OCCURR	IOST.  ION  ERLYING  AUSE OF DEAT AL EXAMINER)	19b CONDITIONS CO	TION FOR WHILE FINJURY A. MONTH A.	O DEATH BUT	DN WAS PERFORMED	200 AUTOPSY YES NO	? 20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	DINGS USED SES OF DEATH? NO []
79	MEDICAL CERTIFICATION	UNDERLYING COUSE  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND  OR CONTRIBUTING C C  (IF EITHER NOTIFY MEDIC	IOST.  IIFICANT CO	19b CONDITIONS CO	TION FOR WHILE FINJURY A. MONTH A. DE INJURY	O DEATH BUT	214 HOW INJURY OCCUR	200 AUTOPSY YES NO	20b. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES 8 PART I OR PART	DINGS USED SES OF DEATH? NO []
29	CERTIFI	Underlying couse  PART 2 OTHER SIGN  190, DATE OF OPERAT  210, ACCIDENT WAS UND OR CONTRIBUTING	IOST.  ION  ERLYING  AUSE OF DEAT ALL EXAMINER)  ED  ILE ILE	19b. CONDITIONS CO 19b. CONDITIONS CO 19b. CONDITIONS CO 21b TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRE	INTRIBUTING TO TION FOR WHILE  FINJURY A. MONTH A. FOR INJURY LET FACTORY OFFICE  deceosed from	O DEATH BUT  CH OPERATIO  DAY YEAR  19  19  19  19  19	214 HOW INJURY OCCUR	200 AUTOPSY YES NO	20b. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES 8 PART I OR PART	DINGS USED SES OF DEATH? NO []
29	CERTIFI	Underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OP CONTRIBUTING COUPER (IF EITHER NOTHY MEDIC 21d INJURY OCCURR WMILE NOTHY AT WORK NOTH AT WORK  22a.1 certify that (1) sow the decease	IOST.  INFICANT CO  ION  ERLYING  AUSE OF DEAT AL EXAMINER)  IED  ILE  (this hospited d olive on _	19b. CONDITIONS CO  19b. CONDITIONS CO  19b. CONDITIONS CO  21b. TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME STREE)  31) ottended the	INTRIBUTING TO THE TOP TO THE TO	O DEATH BUT  CH OPERATIO  DAY YEAR  19  CE. FARM. ETC.)	214 HOW INJURY OCCUR	200 AUTOPSY YES NO RED (ENTER NATURE)	20b. IF IN CER	YES, WERE FIN TIFYING CAUS YES	DINGS USED SES OF DEATH? NO [] 2) 5141
29	CERTIFI	Underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT  210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CO	IOST.  INFICANT CO  ION  ERLYING  AUSE OF DEAT AL EXAMINER)  IED  ILE  (this hospited dolive on _	19b. CONDITIONS CO  19b. CONDITIONS CO  19b. CONDITIONS CO  21b. TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME STREE)  31) ottended the	INTRIBUTING TO THE TOP TO THE TO	O DEATH BUT  CH OPERATIO  DAY YEAR  19  CE. FARM. ETC.)	216 HOW INJURY OCCUR	200 AUTOPSY YES NO RED (ENTER NATURE)	20b. IF IN CER	YES, WERE FIN TIFYING CAUS YES 8 PART   OR PART COUNTY	DINGS USED SES OF DEATH? NO [] 2) 51A1
79	CERTIFI	Underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING C C 11f ETHER NOTHY MEDIC 21d INJURY OCCURR WHILE NOTHY MEDIC 21a L certify that (1) sow the deceose obove, (1) (we) (1)	IOST.  INFICANT CO  ION  ERLYING  AUSE OF DEAT AL EXAMINER)  IED  ILE  (this hospited dolive on _	19b. CONDITIONS CO  19b. CONDITIONS CO  19b. CONDITIONS CO  21b. TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME STREE)  31) ottended the	INTRIBUTING TO THE TOP TO THE TO	O DEATH BUT  CH OPERATIO  DAY YEAR  19  CE. FARM. ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET  19 85  nd that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY YES NO RED (ENTER NATURE)  CIT  deoth occurred on	? 20b. IF IN CER	YES, WERE FIN TIFYING CAUS YES	DINGS USED SES OF DEATH? NO []  STAT  that (I) (we) the couses state.
29	CERTIFI	Underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UND OR CONTRIBUTING C C 11f ETHER NOTHY MEDIC 21d INJURY OCCURR WHILE NOTHY MEDIC 21a L certify that (1) sow the deceose obove, (1) (we) (1)	IOST.  INFICANT CO  ION  ERLYING  AUSE OF DEAT AL EXAMINER)  IED  (this hospited dolive on aid) (did not)	19b CONDITIONS CO  19b CONDITIONS CO  21b TIME OF HOUR A.A. P.A.  21e PLACE C (AT HOME STREE OIL) ottended the street oil oil ottended the street oil	INTRIBUTING TO THE TOP TO THE TO	O DEATH BUT  CH OPERATIO  DAY YEAR  19  CE. FARM. ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET  19 85  nd that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY YES NO RED (ENTER NATURE) CIT	? 20b. IF IN CER	YES, WERE FIN TIFYING CAUS YES	DINGS USED SES OF DEATH? NO []  2)  stat  that (1) (we)
79	CERTIFI	Underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT  210 ACCIDENT WAS UND OR CONTRIBUTING CO	IOST.  IIIFICANT CO  ION  ERLYING  AUSE OF DEAT ALEXAMINER)  IED  ILE  ICH  K  (this hospited d olive on id) (did not)  AUSE ITYPE OR	19b CONDITIONS CO  19b CONDITIONS CO  21b TIME OF HOUR A.A. P.A.  21e PLACE C (AT HOME STREE CAT HOME STREE CONTINUES THE BOD) ottended the price of the body of t	INTRIBUTING TO THE TOP TO THE TO	O DEATH BUT	216 HOW INJURY OCCUR 216 LOCATION SIREET  19 83 nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY YES NO RED (ENIER NATURE)  CIT  death accurred on  MEDICAL DIRECTOR P	? 20b IF IN CER IN CER IN CER IN TEM ITEM ITEM ITEM ITEM ITEM ITEM ITEM	YES, WERE FIN TIFYING CAUS YES	DINGS USED SES OF DEATH? NO []  STAI  that (1) (we the couses state
29	MEDICAL CERTIFI	UNDER INTER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UND OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	IOST.  ION  ERLYING	19b CONDITIONS CO 19b CONDITIO	INTRIBUTING TO TION FOR WHITE ALL MONTH A. A. MONTH A. C. DE INJURY OFFICE deceosed from the deceosed	DAY YEAR 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	216 HOW INJURY OCCUR 211 LOCATION STREET  19.85  Ind that in (my) (our) opinion DEGREE  10. ATTENDING PHYSICIAN [ 27e ADDRESS  42.7 5.4	200 AUTOPSY YES NO RRED (ENIER NATURE)  CIT  to deoth occurred on  MEDICAL DIRECTOR P	20b. IF YIN CER  OF INJURY IN ITEM I  OF OR TOWN  - 25  The date and h  STAFF HYSICIAN []	YES, WERE FIN TIFYING CAUS YES	DINGS USED SES OF DEATH? NO []  2)  51A1  _, that (I) (we) the couses state. ITE SIGNED  PRIL85
29	MEDICAL CERTIFI	Underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT  210 ACCIDENT WAS UND OR CONTRIBUTING CO	IOST.  ION  ERLYING	19b CONDITIONS CO  19b CONDITIONS CO  21b TIME OF HOUR A.A. P.A.  21e PLACE C (AT HOME STREE CAT HOME STREE CONTINUES THE BOD) ottended the price of the body of t	INTRIBUTING TO TION FOR WHITE TION FOR WHITE A. MONTH A. DF INJURY DET FACTORY OFFICE deceased from the deceased from th	DAY YEAR  19  19  10  10  10  10  10  10  10  10	216 HOW INJURY OCCUR 216 LOCATION SIREET  19 83 nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY YES NC RRED (ENTER NATURE-  CIT  to deoth occurred on  MEDICAL DIRECTOR P  234 LOCATION CITY OR IC CITY OR IC	20b. IF YIN CER  OF INJURY IN ITEM I  OF OR TOWN  - 25  The date and h  STAFF HYSICIAN []	YES, WERE FIN TIFYING CAUS YES  8 PART I OR PART  COUNTY  19 8 3  22c DA  25AI	DINGS USED SES OF DEATH? NO []  -, that (1) (we the couses state of the couses state) NE SIGNED PRIL85

DHMH - 16 60M 7/ (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this

THE RESERVE OF THE PERSON OF T

A CANTE .A.C.O Stop Select Co. Tity . El sucrasifes Walter of minimum for nor care of the period Dantennia : Deput at ha 2 Termont of the variety of the control of Mesonard J. Maron, Inc. Baivacore, Maryland Colembia

Section of the sectio 1808 2000 , 1 001 11, 200 200 1 

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12317	36	1.	FOR STATE REGISTRAR			DEPARTI		CATE OF DEATH	GIENE REG. NO.	CK.		
	0			IRST	MIDO	DIE	LA	57	20 DATE OF DEATH M	ONTH DAY	YEAR 2	L HOUR 30
e e		{TYPE	OR PRINT)	ONZ	o Jose	ph	STR	LUZIK	1	1 20	85	6AM
you have	No.	3. SE:			RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTH		DER I YEAR II	FUNDER 24 HRS
4 ( 1)	111	1	M		CALLC		MONTH	OAY YEAR	75	YRS.	DAYS P	HOURS MIN.
Pog	1		RTHPLACE (STATE OR FOR	EIGN 7b	CITIZEN OF WH	AT COUNTRY?	8	* T	9 BALTIMORE CITY OR		DEATH	
eoth.	0	Be	ston, Mass.		AZN	r	MARRIED		HARFORD	Can	M	MD.
with d		)0 C	TY OR TOWN OF DEATH	)				R OTHER INSTITUTION	120 USUAL OCCUPATION	VORKING LIFE) IN	b. KIND OF F	BUSINESS OR
by the		1	AUDTO					llston, Md.	Foreman	P	eth.	Stl.S/Pt
24 hour filled in stold be	35	USU. 13a. S Ma	AL RESIDENCE (IF NURSING TATE Lryland	HOM/OR OT	nore	e residence befor CITY OR TOW Kingsvi	ile	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 1 11829 Stone		er Rd	21 087
tely 2 sh	0	14. FA	THER'S NAME					IS MOTHER'S MAIDEN NA	AME			
y by and	いつく	Ada	FIRST	MIC	St	ruzik		Margaret	MIDDIE	A	kstun	
S Co	0	160 V	VAS DECEASED EVER IN		D FORCES? 161	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES			y Batter
be exection ond or s. Poges	Del		no			216-01-		Mrs. Yetive	E. Struzik,		lle, Mo	d.21087
ficate physic pope povol.	ent, tr		18 CAUSE OF DEATH I			far (a), (b), an	PINI	nondy A	MATT	10	BETWEEN ON!	SET AND DEATH
ng p bon	è c		11/	MEDIATE	CAUSE (o)	Mana	2 I VIC	1140000	14001			100(1)
rendi e cor	owo.	19	Candidian if	L.C.L	DUE TO, OR A	PROMISHOU	WY OF	HYPOT	W012(13	63 FE		
e off	Troi	-	Canditians, if any, w gove rise to immed	liate	(6)	1 mars	90		( )	1	283	
that the last the same re-	o lo		underlying cause	last	DUE TO, OR A	WOPA"	NVEIDE	MEULON (	Moccupia	W.	2	
guires signec hen pl	alory, a	Z	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS CONT	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONO	TOWNER	PART Ita	
s been s been prior	lo o	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE	RE FINDING	S USED F DEATH?
The Icion.	2	RTIF							YES NO	YES		NO 🗌
	0		210 ACCIDENT WAS UNDER	the same of	HOUR A.M.		AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	DR PART 2)	
SICI ng p	E /	CA	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.		19					
PHY endi	o o	MEDICAL	WHITE NOT WHILE		21e PLACE OF	INJURY FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OF TOW		COUNTY	STATE
The off	O YK		AT WORK					4/10 6	,	1/25	1	
NS ON	2 E		226 I certify that (1) (the saw the deceased		) attended the d	ceased from	W	-7/17, 19_4Y	, to	19_19_		at (I) (we) lost
ATTI Sspirt SCTC d fo d fo	2	133	above (1) (we) (did	(did not)	new the body	er deore.			death accurred on the date		-	uses stoted
the he etoche retoche	Ē		216. SIGNATOUS	M	1	10	11	ATTENDING PHYSICIAN	MEDICAL STAFF	THE SA	22c DATE	20/A
O HOSPITA etoined by TO FUNERA should be de	4		22d PAYSICIAN HAM	E STYPE OR PI	RINT)	Mail		22e ADDRESS	1500.11	Pa)	FOUR	ST HULL
TO HOSP retained to should be with the S			3414	4	H. 1 V	UOH	-	2003 KC	CK261 UNC	KCA	· MAN	MUND
5 5 7 4 3 3	4	23o. E	URIAL, CREMATION, RE	MOVAL	23b. DATE			METERY OR CREMATORY	23d LOCATION		LINTY	ne State
BP		Bı	rial	774	4-23-19	85 D	ulaney	v.Mem. Gar.		Balti		Md.
DHMH - 16 60M 7	7/B4	24 FI	UNERAL DIRECTOR			ADDRESS		25a. DA	TE REC'D. BY REGISTRAR 25	. REGISTRAD	SIGNEOUS	₹E
(VRA 15, 4)		E.	F. Lassahn,	11750	JBelairR	d. Kings	ville,	Md. 21 0 2 3	3 1985 Julia 1			2

AST CONTROL OF THE CONTROL TOO TO THE MANUAL PROPERTY OF THE REAL PROPERTY OF THE PARTY OF THE PA to be built to the state of the in property for the control of the c . . Landing II Scheduler of Foundations ( Child & A 186 ) . . .

73b DATE

Apr.5,1985

#15,16,per F.H. 4/22/85 kam STATE OF MARYLAND

CERTIFICATE OF DEATH

REG. NO

MONIH

85

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

U.S.Gov't.

IF LINDER 1 YEAR

INDUSTRY

Sharron

70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

Bef Air. Harford Maryland

Sarron

20 DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

102140

- STATE

REGISTRAR

FIRST

DECEASED NAME

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAL 256. REGISTRAR'S SIGNATURE Tarring Funeral Home, P.A., Aberdeen, MD, 21001-339

23c NAME OF CEMETERY OR CREMATORY

Bel Air Mem. Gdns.

Jarrettsville.

Gladden Kurtz

FOR - STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

126 KIND OF BUSINESS OR

Electrica

Snyder

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

INDUSTRY

Drive

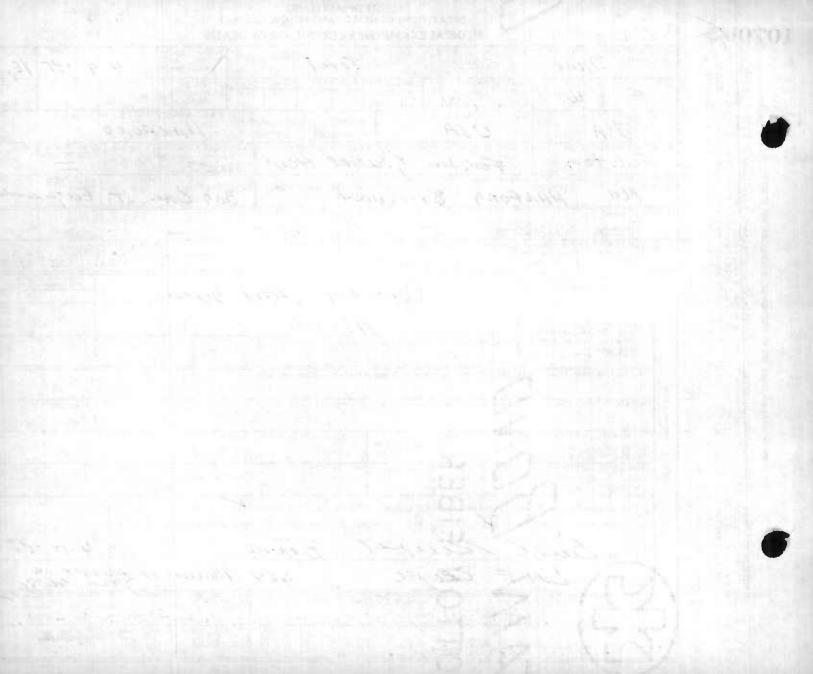
COUNTY

STATE

Loan and the estimate and options of the contract of

och		FOR STATE		DEPARTMENT O		MENTAL HYGIE		5 8	8	
UUK		REGISTRAR 1		MIDOLE MIDOLE			REO.			
De se No.		CEASED NAME FIRST	ane Mello		Teral	Tearl	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	9 19 P	
N STREET	3. SEX	F 4 RACE	5. DATE OF BIRTH MONTH DAY	YEAR 6 AGE (IN LAST BIRTH			PRONOUNCED DEAD	MONTH	DAY YEA	
THE PERSON		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED   DIVORCED	9. BALTIMORE CIT	CORDON	TY OF DEATH	M
S SHEED	10. CI	Fails ton	11, NAME OF HO	SPITAL, NURSING HO	ME, OR OTHER INSTI	Mars 10	SUAL OCCUPATION ( R MOST OF WORKING LIFE)	TYPE OF WORK	126 KIND OF OR INDU	BUSINESS STRY
35	USUA 13e S	TATE M. A. 136. COU	OR OTHER INSTITUTION, G	13c. CHEY OR TOWN		DE CITY LIMITS?   13e ST	REET ADDRESS	CT	23194	A eccord
025	14. FA	THER'S NAME	MIDOLE	LAST		THER'S MAIDEN NAM		37	LAST	21040
328	IAo V	George VAS DECEASED EVER IN U.S. A	Anthony	Mellon	TITY NO. 17 INFO	Maybelle	ADDRI		Pierce	
/			/E WAR OR DATES)	221-14-99	-	eph Mellon	244	Pa.	19401 ad, Nor	ristow
NE. DI		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one couse per line ED BY: ATE CAUSE (o)	e far (o), (b), and (c).)	WARY	Steert	Disease	HEE)	APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
ANOVA NOVA			DUE TO, OF	R AS A CONSEQUENC				3 11 7		
A REAL		Conditions, if any, which gave rise to immedio cause (a) stating the unde	te (b)	R AS A CONSEQUENC	ASCU	(1)				
IAL-JAE		lying cause last.	0000,00	AS A CONSEQUENC	E OF				500	
EMATIC	Z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDI	ITION GIVEN IN PART T (e)				
BE USED AS A BURIAL- NT OF HEALTH AND ME BURIAL, CREMATION, (	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH OP	ERATION WAS PERF	ORMED?			20 AUTOPS	SY?
/	TIFIC								YES [	] NO [
1	AL CER	2TO EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	21b. TIME O HOUR A.A F DEATH P.A	A. MONTH DAY YE	AR 21c. HOW INJU	JRY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	18 PART 1 OR PA	RT 2)	
201 PR	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	со	VINITY	STATE
THE STA		22e I certify that I took cha				Inspection ,	Inquiry ,	and in my of	pinian	
DIRECTOR:  , WITH THE MARYLAND		, death resulted from: Nat	ural couses	Accident .		micide	etermined manner			
RE, M.		ACTUAL SIGNATURE	0/	cur	M.D. Z	Sorula	DICAL EXAMINER	DATE	4-10	1-01
AFTER DEATH, WIT BALTIMORE, MARY	1	EXAMINER'S NAME LO	II E Z	PENJEL	ADDRES	s 464 a	alkane 1	r disa	un +	- Zlan
B A	23e.BI	URIAL, CREMATION, REMOVAL			EMETERY OR CREMA	CII	LOCATION TY OR TOWN	cou		STATE
-	24 FI	Burial 2	pril 12,1	985 Cathed	ral Cemete	750 DATE REGID L	Imington	New Ca		Del.
17 E (5))	How	vard K. McComas	ADDRES		21009	APR 12	1985	19(4)	- Modal	1

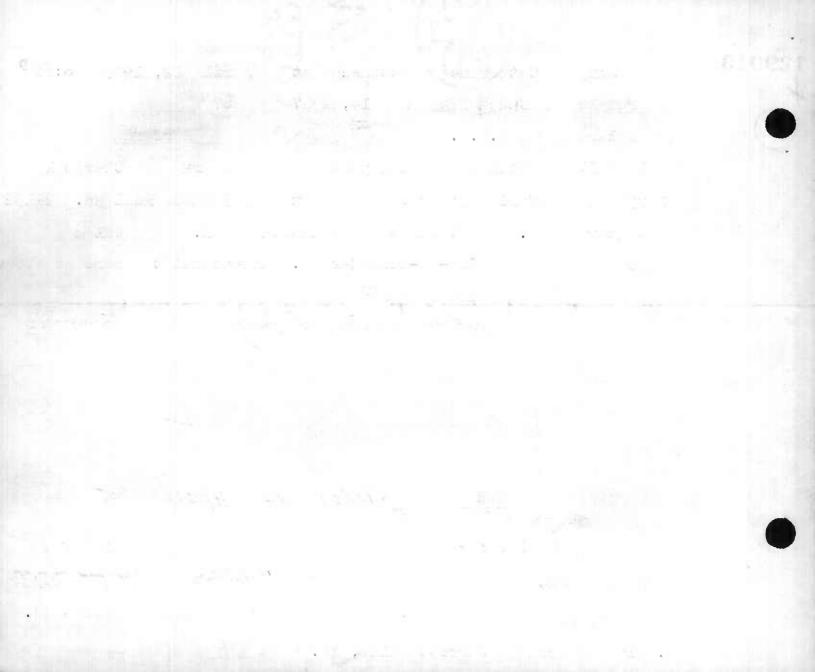
20M 4/82



106106		FOR STATE		444	DEPARTMENT OF	HEALTH	100		10	8 9	
(A)	1. DE	REGISTRAR CEASED NAME E OR PRINT)	Geo I		MIDDLE  Anthony		LAST PLADEZ	20 DATI	REG. NO.  KNOWN DESTI- H MATED	39 15 19	YEAR 26. HOUR
ARY, PEAS DIRECTO COUR TILES 172 HOVE	3. SEX	M	4. RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHD.	ARS IF UN	DER 1 YR. IF UNDER	R 24 HRS. 2c. DA MIN PRONO DE	TE UNCED AD	MONTH DAY	PI- PM
NECESS. FUNERAL 5 FOR Y 7 FUNERAL WITHIN	FO	RTHPLACE (51 REIGN COUNTRY)  TY OR TOWN	SA	6	HAT COUNTRY?	WIDOW		RIED 🔠	HARF	COUNTY OF DEA	MD.
DELAY IS N TO THE F N PAGE 301 W	1	Aberd	een	(IF NOT IN SUCH	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) SPAILE C GIVE RESIDENCE BEFORE ADMISSI	celp		FOR MOST OF W	ORKING LIFE)		DF BUSINESS DUSTRY
21201 IF ANY DE AND 31 3. RETAIN SHOULD B	130 S	Md	HA!	NTY LFORD	13c. CITY OR TOWN		YES NO NO	13e. STREET ADD	ress 250ve	2100	5
E, MD.		Michae	1	MIDDLE	Valade:		15. MOTHER'S MAID FIRST Maria	ENNAME	MIDDLE Luz	Rai	mirez
BALTIMORE, MD. URS AFTER DEATH URS AFTER PAGES 1, WITH FORM PM. PAGES 1 AND 2 DIVISION OF THE	160. V (Y	VAS DECEASEI ES, NO, OR UNKNO YES	DEVER IN U.S. AI	E WAR OR DATES)	166. SOCIAL SECURIT	0 -	17. INFORMANT Perso	erial p	ADDRESS		
W. PRESTON ST., D. WITHIN 24 HO ENCL. IN ITEM 18 AMMER ALONG CTRACT FEMILE ENTAL HYDENEN REMOVAL	nus S	Canditian gave ris cause (a) lying cau	IMMEDIA Is, if any, which is to immediat stating the under se last.	ED BY:  ATE CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUENCE (	OF OF		ARTIO.	afe	BETWEEN	ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 SCETTELCATE SHOULD BE EXECUTE THE MODD "HENDING" IN IT RDED TO THE CHEF MEDICAL EX E T SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M FREDITO BURIAL, CREMATION, OR	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPER	ATION W	'AS PERFORMED?			20. AUTO	
ON OF VI		UNDERLYING	L CAUSE WAS OR NG CAUSE OF		M. MONTH DAY YEAR	21c. HG	OW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA		
DIVISI WRITING WARDED AGE 3 SH ATE DEP	MEDICAL	21d. INJURY C			OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR	IOMN	COUNTY	STATE
DICAL EXAMINER: 1 F. THE CETTHICATE, 4. SHOULD BE FORW REAL DIRECTOR. P. BEATH, WITH THE ST ÖRE, MARTIAND, 21			y that I taak char ed fram: Natu	rge of the remains dural causes .	Accident . Su	Autop	Hamicide ,	Undetermined	manner ,	DATE SIGNED LAVE C	-5-8T
TO ME EXECU- PAGE TO PAI	23a.Bl	(TYPE OR PRIN	TION, REMOVAL	23b. DATE	23c. NAME OF CE			23d. LOCATION CITY OR TOWN		county	STATE
BP	E	urial UNERAL DIREC	TOR	Apr.10,19	85 Arlingt	on Na		Arlingt	on, Arlin	ngton, Vir	ginia
DHMH - 17 (VR A15 ME (5)) 15M 7/77	Ta	rring F	uneral l	HOme, P.A.	,Aberdeen,MI	,210		1 1 1005	1 150	in a mell	

CONTRACTOR OF THE SECONDARY OF THE SECON 

STATE OF MARYLAND



	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND M		ENE REG. NO		111	
422009		TEMPED LAWINE	FIRST	WIDOLE		AST		20. DATE OF DEATH	MONTH DAY	YEAR 2b. H	IOUR
127009	(TYPE	OR PRINT)	red Gar	field	Web	ster		4	4 26 8	35 3	4 "
pog pog	3. SE		4. RACE		5 DATE C	OF BIRTH		& AGE (IN YEARS LAST BIRTH	-	A COLUMN TO THE OWNER OF THE OWNER OWNER OF THE OWNER OW	IDER 24 HIRS
chor, softe	1	male	Tal	1.A	MONT	. 1	YEAR	80	VRS.	DAYS HOU	MAN.
Se pod 21		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN C	F WHAT COUN			ARRIED 🗆	9 BALTIMORE CITY OF	COUNTY OF DE	HTA	0
A STORE	· "	DUNTRY -Md	. ()	5./	WIDOW		ORCED	Nau	Drane	) Can	My MD.
1	10, CI	TY OR TOWN OF DEATH			URSING HOME	OR OTHER INSTI	TUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUS	INESSION
- CBD	1	Forest Hil	1 19	SUCH FACILITY CLVE	with the	- Ship	ED.	rete	2	_	
24 hour	130 5	AL RESIDENCE (IF NU ) ITATE	OME OR OTHER INSTITUTI COUNTY	ON. GIVE RESIDENCE 134. CITY OR Balti	TOWN	13d INSIDE CIT	TY LIMITS?	13. STREET ADDRESS 2505 Fran	k Ave.	21230	-255
thin thin		THER'S NAME				15. MOTHER'S	MAIDEN NAM	AE .			
d wi	G	eorge	WIDOIE	Webs	ter	Ma	rst Lry	WIDDLE	Lear	Y	
icol a cor	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCES	? 166 SOCIAL	SECURITY NO.	17. INFORMAN			51921 Gr		
Bog e e		res, no or unknown) (1	F TES, GIVE WAR OR DATES)	216-0	5-5529	Mr. Al	fred G	. Webster, F	orest Hi	ll, Md.	21050
te b sictor		18 CAUSE OF DEATH	Enter only one couse j	per line for (o), (	b1, and (c1.)	)		1		APPROXIMATE I	NTERVAL AND DEATH
phy npol mov		PART I. DEATH WAS	CAUSED BY:	Bur	robect	n a	ul	X			
ding orbo				OR AS A CONS	SEQUENCE OF	1					
death death ove o		Conditions, if ony, w	which (b)	C	,0,	P	. 1	) /			
the of the centre		gove rise to immed couse (a), stating		OR AS A CONS	SEQUENCE OF	1. 1					
thot bose ol, cr		underlying couse	lost. (c),	br	ull	X213	>				
DIVISION OF VITAL RECORDS, 301 W. PRESTON  NG PHYSICIAN: The low requires that the death contending physician.  Iter this certificate has been signed by the attending os the burial-transit permit. Then please remove card than death wento I hygiene prior to burial, cremation, or other troumativated or them.	-	PART 2. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	ITION GIVEN IN	PART 1(o)	
or to	٤	card	ille-	(1/2/2)	lees			Van wiegeneue	Teal IF MES AMES	r Fhinhles.	
low re prior s ony	No.	19a. DATE OF OPERATIO	IN IN CO	IDITION FOR W	HICH OPERATIO	N WAS PERFOR	RMED	20a. AUTOPSY?	206. IF YES, WER	CAUSES OF D	EATH?
VITAL N: The hysicion coast por ronsit por Hygieni	CERTIFICATION			OF INJURY		121. HOW INL	ILLEY OCCUPE	YES NO HED (ENTER NATURE OF INJUR	YES		0 1
AN: ohysi ificol tron 118:		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	110110	A.M. MONTH	H DAY YEAR	771C HOW IND	JURT OCCURR	ED (ENIER NATURE OF INJUR	TIN HEM TO, PART TO	PART 2	
PHYSICIAN: ending physicians this certifico te buriol-troi ad Mentol Hy	MEDICAL	(IF EITHER, NOTIFY MEDICAL I		P.M. —	19	211, LOCATIO	N				
PH) tend the b and A	NE NE	WHILE NOT WHILE	(AT HOME	STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET		CITY OR TOW	N COL	UNTY	STATE
After After horken				4 - 1 - 17		- 2		4-7	6 10	200	And Vand
OR: OR: I is n		22a I certify that (I) the				nd that (n (my)	our) opinion d	leath occurred on the do	te and hour and f	4	(I) (we) lost
ATTI ATTI ASPIR		obo (e-() (we) (did	(did not) view the bo	dy ofter death.		DEGREE				2c. DATE SIGN	
he ho DIRE tochec Dept		6 1,0,	X X	Pr-	-11	A	TTENDING	MEDICAL STAF	F	9-26	3
PITAL by th FERAL Store ANT: 1	1	22d. PHYSICIAN'S NAM	NE (TYPE OR PRINT)		701	22e ADDRESS		O PHYSIC	A C	1	04
TO HOSPITAL retoined by th TO FUNERAL should be deto with the Store		Dah	AA	Dus	1 now	1) [	31 1	Sel An	KW	150	水奶一
Of of X	23a. 1	BURIAL, CREMATION, RE	MOVAL 236. DATE		23c. NAME OF	EMETERY OR C	REMATORY	23d. LOCATION		011	510-
BP	(	SPECIFY) Burial	4-29	-1985	Meadow	ridge Me	em. Pk.		Howard	Mar	yland
DHMH - 16 25M	24 F	UNERAL DIRECTOR						REC'D. BY REGISTRAR			
(VR A 15 (4) ) 9/74	E.	F.Lassahn,	L1750Belai:	rRd. King	gsville,	Md.2108	7 AV 6	13 1000	e. K	Sala	

Date of the second state o Ilia daero OF LITE . NOW THE LOW The state of the s 

	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
1	{TYPE	or Printi	E.	Wilson	4	24 85 1A N
free	3. SE		4 RACE	July 16, 1895	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
onus	Zo RI	RTHPLACE (STATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	TY OF DEATH
30	Ba	Itimore, Md.	V. 5. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Hartoro	1
EX.	A	erdeen 21001	3405 Nova Sc	cotia Rd.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	126. KIND OF BUSINESS OR INDUSTRY Home
35	130 5	Maryland Han	other institution give residence before ITY  13c. CITY OR TOV  Aberdee	YES NOX	13e STREET ADDRESS / ZIP CO 3405 Nova Sc	
190		George	H. Bisco		Muller ADDRESS	LAST
s. Poges	16a V	(IF YES, GIVEN	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 216 05			Same
emovol.		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), o D BY: E CAUSE (a)	Urosepsis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ove carb		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	PENCE OF renal calculi		mon ths
ose remo		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF		
r to burne injury, o	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	minal disease or condition o	GIVEN IN PART 110
prio s ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{ NO } \equiv \)
d e o	E E	210 ACCIDENTWAS UNDERLYING CAUSE OF DEA	TH HOUR A.M. MONTH D	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
ntol Hygiene em 18 show	SAL		21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ss the burial-transit per h and Mental Hygiene irked or Item 18 show	MEDICAL	71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFICE,		CITOKIOWIY	COUNTY STATE
tor use as the burial-transit proof Health and Mental Hygiera 21 is marked or Item 18 show	MEDICAL	WHILE NOT WHILE AT WORK  22a 1 certify that (1) this hospit	(AT HOME STREET, FACTORY, OFFICE,	FARM. EIC) STREET 4/14 19 9	5_10_4/14	. 19 45 . that Dwe) lost
eroched for use as the burial-title Dept of Health and Mental	MEDICAL	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	STREET  9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	5_10_4/14	. 19 45 . that Dwe) lost
should be detoched for use as the burnal-tronsit pr with the State Dept of Health and Mental Hygiens IMPORTANT; If Hem 2.1 is marked or Item 18 show	MEDICAL	WHILE NOT WHILE AT WORK  22a I certify that (1) this hospit sow the deceased always above 11) well (did) (fild not	(AT HOME STREET, FACTORY, OFFICE,	STREET  9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	n death occurred on the date and h	_, 19 <u>45</u> , that (i) we) lost our ond from the couses stated

